The Bowman Lecture

ON THE

RELATION OF OPHTHALMIC DISEASE TO CERTAIN NORMAL AND PATHOLOGICAL CONDITIONS OF THE SEXUAL ORGANS.

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(*Concluded from p. 1053.*)

THE occurrence of a reflex action between the ovary and the eye, though in itself highly probable, is difficult to establish, because there are so many contingencies, and the path through which the noxious influence travels is difficult to trace. The following case is, however, one in which I thought that such a connexion existed.

A young lady, married, but childless, applied to me stating that she had experienced considerable pain over the right brow, and that dimness of the right eye had at first annoyed, and as it increased in intensity alarmed her, and that she had just discovered she was blind with this eye. On examination, I found the right pupil slightly dilated, very sluggish in response to light, and vision reduced to mere perception of light. There was slight eversion of the right eye. The left eye was normal, pupil acting well, and vision $\frac{6}{6}$. On ophthalmoscopic examination the disc of the right eye was found to be swollen and reddish, with ill-defined margins—in short, with the general aspect of optic neuritis. She informed me that about nine months previously she had suffered from an attack of ovariitis, for which active treatment was adopted, and she was confined to her room for some time. Having been married for a year or two without family, and thinking there might be some mechanical obstacle, she placed herself under the care of a distinguished gynæcologist, who passed a sound into the uterus, causing considerable pain, about two months previously. I prescribed iodide of potassium for her, directed her to rest at home, and gave general directions for her diet. During the next succeeding few days she complained of a feeling of coldness and numbness of both sides of her body. Improvement in vision took place almost immediately after commencing the use of the iodide, and in less than a week she was able to count the fingers, and to see large objects to the temporal side of the right eye. The urine was loaded with lithates. A consultation was held, and it was agreed to rub in mercury till the gums were touched; 1300 grains were required for this purpose, about half a drachm being rubbed in night and morning; steady improvement took place, the field of vision gradually extending till it became nearly normal. She herself called attention to the circumstance that within a small area—about fifteen degrees to the outer side of the point of fixation—pink objects appeared green. This area corresponded nearly to the region of the optic disc, but she was very positive about its occurrence. About four months afterwards, strychnine and iron having been taken with intermissions in the interval, she stated that she was perfectly well, and could see almost as well with the right as with the left eye, though it was slower of perception, so that she had to look for an appreciable time before the words became visible. The pupil had recovered its natural activity.

At first sight this case appeared to be one of hysteria, and in the pre-ophthalmoscopic period would undoubtedly have been diagnosed as hysteria. Dr. Hughlings Jackson, who saw the case with me, was quite satisfied of the existence of the neuritis. The family history was good. It seems to me that one of two suppositions is open to us: either that some coarse disease of the brain was in progress, which is to some extent negatived by the great improvement that has taken place; or that, as I believe, there was some reflex irritation proceeding from the old ovariitis, perhaps lighted up by the passage of the sound.

In similar hysterical cases, where great disturbance of vision accompanied with great pain have occurred, iridectomy has been resorted to in the hope of affording relief. A case of this nature has been recorded by Cuignet.[1] This case was remarkable for the fluctuations it presented, the patient, whose vision was at first almost abolished, being able to see with a smoked glass, then requiring a + 2 D, then a concave glass, the ultimate result being complete loss of vision in the eye affected.

It is not surprising that the profound changes effected in the female organism by the supervention of pregnancy should betray themselves by some alteration in the structure and functions of the numerous and complicated tissues of the eye. Physiological researches have shown that at this period there is considerable increase in the absolute volume of the blood, the development of the wide sinuses of the uterus requiring so large a quantity of blood to fill them that a state of anæmia in other organs would otherwise occur, as indeed is sometimes seen when this part of the process is imperfectly performed. At the same time the quality of the blood undergoes considerable alteration, which, though it may fit it for the retention of the fœtus, is certain to exert a marked influence on other organs and tissues. The most remarkable of these changes is that the red corpuscles and the albumen diminish, whilst the water, white corpuscles, and fibrin increase. Hence the specific gravity of the blood, as a whole, is diminished, and there is a deficiency in the solid constituents of the serum, probably owing to their being taken up by the fœtus. The increase of the fibrin and of the white corpuscles may perhaps be explained by the growth and development of the lymphatic system of the uterus and of the glands of the uterus, occasioning what has been termed by Virchow a physiological leucocytosis. In accordance with this condition of general plethora of the vascular system with thinner blood, the heart, having to drive a greater volume of fluid through a larger area, undergoes an hypertrophy of the left ventricle; and to the combined conditions of diluted blood, wider vascular area, and a more powerfully beating heart, some, at least, of the more common symptoms of pregnancy are due—as, for example, palpitation, tendency to syncope, and nervous irritability; numerous phenomena on the side of the digestive apparatus—as dyspepsia, anorexia, and morning sickness; and, lastly, various modifications of the urinary function, the urine being usually increased in quantity, and being found in a large percentage of cases to contain albumen. It is, indeed, stated that albumen appears in the later months of pregnancy in 20 per cent., and in a still larger proportion of primiparæ.

One of the subjective defects of vision that is first and very commonly observed by the patient in pregnancy is loss of the power of accommodation. She finds herself unable to read or work for more than a few minutes; letters and lines run together; pain in the eye or brow, sometimes of an acute character is felt, and the book is laid down, not to be again taken up. This symptom, due to imperfect nutrition of the ciliary muscle and of the third nerve, probably depends on the watery state of the blood, and belongs to the same category as the vertigo and fainting that are occasionally observed in pregnant women, though it may be of a reflex nature, and comparable with the amblyopia seen in cases of dental disease. The earliest period at which I have met with it has been at the eighth week, and in this case it occurred in a patient whose refraction was normal; but it is most common in the later months. It is to be relieved in two ways: first, by attention to the general health, the administration of tonics, the regulation of the bowels, and systematic, if brief, out-door exercise; and, secondly, by the temporary employment of weak convex glasses. The symptom is earliest and most strongly felt by the hypermetropic patient, and the strength of the glass must of course be proportionate to the degree of hypermetropia present.

Again, the great lassitude and debility which affect many women, the result of the disturbance of the digestive organs, renders them peculiarly susceptible to the influence of cold. I saw a woman thirty-two years of age, who came to me with intense congestion of the conjunctivæ, which she stated had recurred after exposure to cold with each of her five previous pregnancies near the time of her confinement, and other authors have noticed that liability to attacks of conjunctivitis characterise this period.

[1] Rec. d'Ophthal. Ann., 1876, p. 17.

In all instances where the nutrition of the body is badly maintained, either from an inadequate supply of food or from imperfect digestion and assimilation, so that the blood becomes thin and poor, those parts of the body which are most remote from the blood supply are apt to suffer. The cornea is one of those parts, and we accordingly find that ulcers of the cornea sometimes occur in pregnancy. Whether the ulcer results from simple disintegration and decadence of the superficial epithelial layers of the cornea, or whether these cells, being imperfectly developed and preserved, yield to external influences—such as the attacks of micro-organisms, which under ordinary circumstances they are capable of resisting,—it is difficult to say. Perhaps both conditions coexist, and lead simultaneously to the formation of the ulcer. I believe that pregnancy is a predisposing cause to lacrymal abscess, the morning sickness, by inducing congestion of the head, putting a finishing touch to a nearly closed nasal duct, and effecting its complete occlusion.

Amongst the functional disturbances that are apt to accompany both dysmenorrhœa and the process of pregnancy is the condition formerly named *hebetudo visus*, in which there is heaviness of the lids almost amounting to ptosis, inability to face light, and indisposition to exert the power of accommodation by attention to any kind of near work. In many instances, no doubt, these effects are due to failure of the power of accommodation in a hypermetropic eye, but, as Förster remarks, a certain number of cases remain, where this complication is excluded, in which the failure of power is due to a reflex hyperæsthesia of the fifth nerve and of the optic nerve, and constitute an aggregate of symptoms to which the term "kopiopia hysterica" may be applied. Förster devotes quite a long chapter to this subject. He points out that the hyperæsthesia of the fifth nerve leads the patient to use exaggerated terms in describing her ailments, and causes her to continue to complain of pain and discomfort even when any slight defect of hypermetropia or presbyopia has been corrected. The glasses increase the pain, or the frames are too heavy, or she sees too acutely and clearly with them. The implication of the optic nerves is indicated by the patient complaining of light, and especially of artificial light, which, she states, irritates her eyes much more than the diffused yet more brilliant light of day. During the day such patients can walk out without inconvenience, but with the entrance of the lamps they insist that it is essential to their comfort that they should have darkened glasses. Förster believes this peculiar form of intolerance of light, which is characterised by the absence of any well-marked tendency to lacrymation, is due to intolerance of differences of illumination of objects in the field of vision, which is much more noticeable by artificial than by natural light.

That the congestion of the head which results from the severe retching and vomiting that so often accompanies the early months of pregnancy may induce hæmorrhage upon the retina, the following case, of which a drawing was taken by Miss Boole, will show. The patient was twenty-nine years of age; had married at nineteen, and had had five children, four of whom were living. Her eyes had been perfectly healthy up to five weeks previously, when, after a violent effort of retching in the evening, her eyes felt dazzling and every object was wavy. The next morning, on rising, she discovered that she could only see objects above the horizontal plane, and this defect was permanent. Ophthalmoscopic examination revealed the large hæmorrhage, with rounded contours, close to the disc and to its outer side, shown in the drawing. The patient was examined by Dr. Godson, who pronounced her in the sixth month of pregnancy. The urine was carefully tested by Dr. Bullar, and contained neither sugar nor albumen.

Puzzling cases occur every now and then in the early months of pregnancy, which, however, point to embolism as the cause of the symptoms. For example, a patient aged twenty-eight, in the third month of pregnancy, suddenly noticed that her vision was lost below a line running obliquely from the temple to the nose in the right eye. The most careful examination by more than one ophthalmic surgeon of repute failed to discover the slightest defect or disease in the eye. She had had severe headaches, and also some choreic movements of the facial muscles and of the arm of the right side, three weeks previously. The urine was perfectly free from either albumen or sugar. It was remarkable that pressure on the globe gave distinct phosphenes on the non-sensitive part of the retina. Six or seven years have elapsed, and the only change noticeable is that the disc on the right side is whiter than on the left.

In the later months of pregnancy another affection is sometimes observed, which has been frequently described, is of a serious character, and is deserving of special attention both on account of its value as an indication of the condition of the patient and for the special treatment that it suggests. It is a condition that very closely resembles, and is perhaps identical with, albuminuric retinitis. The patient does not usually complain of impairment of vision until well-marked retinal changes are visible on ophthalmoscopic examination. These changes consist in swelling of the optic disc, rosiness of its surface, indistinctness and blurring of its margin, enlargement and increased tortuosity of the retinal vessels, their point of emergence from the disc being concealed by effusion, hæmorrhages of large and irregular form, and white patches, which are sometimes irregularly scattered over the surface of the retina, and sometimes arranged in a radial manner around the yellow spot. The onset of the disease is often sudden, and accompanied by headache, flashes of light, and other symptoms of retinal irritation. Vision may be reduced to perception of light only, or to the power of counting the fingers. These symptoms are associated with the appearance and continued presence of albumen in the urine, and this condition has been described by gynæcologists as gravidic albuminuria. It is often a precursor of convulsions. The phenomena of uræmic eclampsia with ophthalmic symptoms were first brought under the notice of the profession in England by Dr. Matthews Duncan, in a translation made in 1857 of Braun's memoir on the subject. In accordance with the received pathology of that day, the symptoms were attributed to the presence and decomposition of urea in the blood; and, in giving a graphic description of the symptoms of the attack, Braun remarks that it is sometimes preceded by mental illusions, photopsiæ, and amblyopia, and that it may terminate in complete blindness.

The conditions which may lead to the appearance of albumen in the urine are very various. Dumas[2] collects them under three heads—viz., increase of intravascular tension, qualitative alteration of the blood, and temporary or permanent disease of the kidney. Others have suggested that there may be in some cases catarrh of the lower part of the neck of the uterus, and it is quite possible that two or more of these causes may co-operate in producing the symptom. The great derangement of the processes of digestion that occurs in pregnancy lends a high degree of probability to the view that changes in the composition of the blood, consequent on the absorption of imperfectly digested proteids, exert a powerful influence in inducing albuminuria, whilst the fact that it is particularly common in twin pregnancies lends support to the idea that pressure on the renal veins and local disturbances of the circulation may play their part in its production.

The appearance of albumen in the urine in pregnancy is most common about the eighth or ninth month; but it has been seen by Ollivier in the third month, and by Bach as early as the sixth week. The duration of the attack, according to Hofmeier, is usually five or six weeks. Gravidic albuminuria usually rapidly disappears after delivery. The ophthalmic trouble also usually commences in the later months of pregnancy, though Rayerson[3] reports a case in which it occurred in the fourth month. If pregnancy proceeds, the ophthalmic affection becomes more marked and manifest till delivery takes place, before which period no improvement can be expected to occur.

The history of all these cases is similar. I give one that I saw with Mr. Ambler of Hempstead House, Hemel Hempstead. The patient was a young woman aged twenty-seven, and applied to Mr. Ambler in the third month of her pregnancy, complaining of vomiting and great pain in her head, chiefly confined to the occipital region, constipation, and swelling of the legs and ankles. The urine, on being tested, was found to contain one-sixth albumen. Mr. Ambler prescribed hot baths, diuretics, and tonics, and compound jalap powder every other morning. The patient became steadily worse, and her friends were told she had little chance of going her full time. She suffered much from sleeplessness, for which chloral hydrate and digitalis were given to her. Albuminuric retinitis commenced about the sixth month of pregnancy. The constitutional symptoms became so severe about the seventh month that Mr. Ambler

[2] Thèse, 1830. [3] Galezowski's Recueil, 1883, p. 633.

made up his mind to induce premature labour, and this was, with the consent and approval of Dr. Russell Steele, about to be done, when spontaneous premature delivery took place in January, 1885, and a still-born fœtus was expelled having the appearance of having been dead a week. She made a good recovery from the labour, and for some time subsequently Mr. Ambler prescribed perchloride of iron, and the vision underwent steady improvement. When I saw her three months after her delivery, the general aspect of the fundus was that of albuminuric retinitis in the right eye, that of the left being apparently normal. The disc was ill-defined, and there were numerous white spots arranged in a radiating direction around the yellow spot. Her vision was: R $\frac{6}{18}$; L $\frac{6}{6}$. She was ordered strychnia and iron. I saw her in July, six months after her confinement. Both discs were hazy; there was some amblyopia, but the area of the field was normal. There was defective colour vision; pinks were called white, bright browns were called slate, but saturated tints were immediately and correctly recognised. On Oct. 6th, 1885, the spots, with one or two exceptions, had disappeared; the right disc was much whiter than natural, but its edges were blurred and indistinct.

Holmes[4] describes a case of retinitis with albuminuria and partial detachment of the retina occurring at the sixth month of pregnancy. There was complete loss of vision. At the end of three months vision returned after the employment for three weeks of the bichloride of mercury, but there remained complete loss of colour perception. At the expiration of three months more she recovered the power of perceiving colours, blue being first recognised, then in succession brown, red, and green.

That conditions of optic neuritis with exudation on the retina may clear up in a very remarkable manner is well known, but it is not often that an opportunity is afforded of carefully comparing the earlier with the later conditions in drawings made by a competent artist. I desire to show to the Society the two drawings taken by Miss Boole of a patient who came to me complaining of great impairment of vision in the seventh month of pregnancy. It will be seen that in the first the appearances are those of gravidic albuminuria in its highest and most intense expression. The swollen, congested, and ill-defined disc, the dilated and tortuous vessels, the hæmorrhages, and the white plaques, are all shown to perfection. Vision was then reduced to little more than mere perception of light. The quantity of albumen amounted to about one-sixth. An abortion occurred, and delivery was safely effected. And here is the other drawing by the same artist, in which but few traces of the former troubles are to be seen.

No positive statement can be made as to the ultimate results of gravidic retinitis. I have seen a case of almost perfect blindness, and also one of almost complete recovery. In some instances, again, gradual and unexpected improvement will take place in one eye, whilst the vision of the other undergoes progressive deterioration. Thus, in one case that fell under my care, a woman, aged thirty-three, had been confined of her fourth child five weeks previously. All the children were living and healthy. Two months before her last confinement, which was protracted and difficult, requiring the use of instruments, her vision became impaired. The dimness affected both eyes, and increased till she was unable to see light with the right eye. Yet she had no pain in either eye. On examination it was found that the right eye was the best of the two, vision in this eye being $\frac{1}{3}$; while she was able to spell out 14 Jaeger with the left eye, she could only count fingers at one foot. The whole field of vision in the right eye was dull, but it extended to about 50° vertically, and to about 15° horizontally, being therefore a long oval placed vertically. Her perception of colours was pretty good. On ophthalmoscopical examination the media were found to be clear. Both discs were yellowish-white, with well-defined margins and smooth level surface; no physiological pit. The retinal arteries and veins were of normal size. The choroid generally was apparently healthy. She still had considerable pain in her head.

Weber[5] observed cases which terminated in complete amaurosis; and Hirschberg has reported cases of albuminuria in which, although there were no ophthalmoscopic signs, complete blindness existed. The amaurosis, however, in his cases, proved to be temporary only, the patients ultimately making a perfect recovery.

[4] Archiv f Augenheilk., xii., 1., p. 89.
[5] Berlin. Klin. Wochens., 1873, pp. 265—279.

The conditions we are able by means of the ophthalmoscope to recognise in the interior of the eye thus furnish the obstetric physician with valuable suggestions for treatment. The existence of hæmorrhages and of white patches on the retina indicates that the normal relations between the blood, the bloodvessels, and the tissues are so modified that healthy nutrition can no longer be maintained, and that, unless speedy relief be afforded, the same or similar changes will occur in the brain, and convulsions, and perhaps death, be the result. The treatment which seems to be most promising is to promote in every way the general health of the patient; to support the abdomen with a bandage or belt, so that pressure on the kidneys, the ureters, and renal vessels may be relieved; to limit the work thrown upon the kidneys by attention to the diet and to the quantity of drink taken; to unload the bowels; and, finally, if the ophthalmic symptoms become still more marked, to induce premature labour.

Mr. Hutchinson has recorded a case which seems to point to the induction of exophthalmic goitre as a result of pregnancy. The development of the disease in this case occurred in the fifth month of pregnancy.[6]

I have only time briefly to refer to the ophthalmic symptoms that may be met with in the puerperal state. Occlusion of the vessels of the retina might be expected to occur at this period. Mr. Snell[7] has quite recently brought before this Society an interesting case of embolism of the arteria centralis retinæ of the left eye occurring two months after delivery in the course of a case of puerperal septicæmia. It was followed by white atrophy of the disc. The heart and lungs were normal, and there was neither albumen nor sugar in the urine. It was surmised, but there appears to have been no positive evidence, that the embolus proceeded from the heart. In such a case as this the mischief appears to be entirely limited to the central artery of the retina and the vascular area beyond the point of occlusion.

A form of disease occurring in puerperal women was long ago described by Hirschberg under the term "septic puerperal embolism," which is altogether a different thing from simple embolism of the central artery of the retina. It is certainly of rare occurrence, and Hirschberg[8] had only seen six cases of it. In such cases the lochia are usually abundant and offensive, and from a fortnight to three weeks after delivery rigors are experienced and pain is felt in one or in several of the joints, which suppurate. The eye presents the appearance of general ophthalmia, the conjunctiva being red and chemosed, the iris being inflamed, the anterior chamber containing pus, and vision becoming greatly deteriorated; gradually the cornea becomes hazy, the area of the pupil is filled with exudation, and vision is lost. The patient usually dies, and the fluid in the joints is found to contain bacteria, whilst the globe is undergoing suppuration, the retina and choroid being also infiltrated with pus.

Local and more or less complete paresis and paralysis of the ocular muscles are occasionally observed in the puerperal state. I have seen, for example, a case of mydriasis in a primipara of delicate and neurotic habit of body, who had been brought to bed two months previously of a child she was unable to nurse. The prime cause of the paralysis is not easy to give; it may be of a reflex nature, or be due to some local neuritis of the nerve supplying the muscle, or be the consequence of a hæmorrhage into the sheath of the affected nerve, or possibly to spasm of bloodvessels, or to embolism. Recovery is doubtful.

Various exceptional conditions may be met with. For example, I saw a case where towards the close of her time a woman complained of seeing all objects much smaller than they were naturally presented to her eyes; and I find that Churchill, Gardien,[9] and others have observed the same symptoms. Churchill observes that the patient may imagine all surrounding objects are dancing or turning round, or she may be so dizzy as to be incapable of distinct vision. These symptoms are probably connected with anæmia, or at least with disturbance of the circulation in the brain, and in general nothing can be seen with the ophthalmoscope. In other instances the patient has illusions and hallucinations, fancying that she sees objects in the air; or photopsiæ; more rarely she sees everything double.[10]

I have seen several cases in which there has been sudden loss of vision or loss of one-half of the field of vision of one

[6] Trans. Ophth. Soc., vol. vi., p. 22.
[7] Ibid., p. 341.
[8] Archiv für Augenheilk., Band ix., p. 299.
[9] Diseases of Women, 1874, p. 616.
[10] Traité des Accouchements, vol. ii., p. 76 1824.

eye, without manifest ophthalmoscopic signs, though the fundus was carefully and repeatedly explored. In two of these cases which I have had the opportunity of following up, the attack was quite sudden. In one no notable change has taken place in the course of three or four years in the disc or retina. In the other, a few minute spots, supposed to be tubercular, have appeared on the surface of the retina. The cases were regarded as instances of embolism of arteries supplying a minute area of the corpora quadrigemina, or to some trouble of circulation in one optic nerve.

Several conditions of disease of the eyes are associated with lactation. In a healthy woman it is surprising how well this active and abundant secretion is borne. A more abundant diet, the constituents of which are digested and absorbed with wonderful rapidity, seems all that is necessary to enable from one to three pints of good milk to be secreted without exhaustion of the system, and this may extend over a period of from four or five to nine or ten months. There are, however, a large number of more feebly constituted women in whom the powers of the system seem to be exhausted with the effort to develop and extrude the fœtus, and in whom the mammæ fail to respond in their growth and functional activity to the cry of the child. Many women desiring to become good mothers attempt, but in vain, to give suck to their infant; and if the attempt be continued, it is not uncommon to see one of several conditions arise. In the first place loss of accommodation occurs, which is the most common. Dizziness and temporary amblyopia, sometimes rising to amaurosis, has been seen and noted by many; both symptoms being clearly due to an insufficient supply of blood to the brain and eye. Black specks, showers of motes, and other photopsiæ are not uncommon. Paresis of one or other of the recti muscles occurs.

Keratitis may also result from exhaustion dependent on prolonged lactation and pregnancy. I saw a woman of worn and pallid aspect who had one child four years of age, another two, and was in the third month of her pregnancy with a third. She suckled the second child thirteen months, and had always dysmenorrhœa when not pregnant. She had keratitis in her right eye, and the vision was reduced to $\frac{1}{10}$; the vision of the left was perfect. The centre of the cornea presented a rough surface caused by the separation of a patch of epithelium. She was ordered meat and quinine, and recovered.

I may also refer to the not infrequent cases of severe keratitis with hypopyon, which are seen as the result of slight scratches of the cornea by the sharp and ragged nails of the infant, which show clearly the great depression of the system, the great relative increase of the white corpuscles, and how much even such dense tissues as the cornea have lost their cohesion and power of resistance to external injurious influences. A further evidence of the same fact is to be found in the predisposition occasioned by lactation to obstruction of the lacrymal ducts and to lacrymal abscess. Many women suffer from obstruction of the ducts of so slight and inoffensive a character that they never think of applying for relief; but when the system is weakened by lactation, either the mucous membrane of the nose or of the nasal duct becomes congested, and complete instead of incomplete obstruction is effected, or possibly the epithelial cells become, owing to their imperfect nutrition, less able to resist the invasion of germs and microbes, and suppuration is established.

I have had one case of detachment of retina, which seemed to me to be directly connected with the exhaustion of the system caused by suckling. Mrs. B——, aged twenty-seven, came to me complaining of complete loss of vision of her left eye. It had begun to fail two months previously, of which she became aware by constantly seeing a cloud of black flies before her. She was a thin, pallid woman, and had just weaned a baby after suckling it for eleven months. Dr. Watts of Charnbrook had instilled a little atropine, and she could then see a little better for a time. The vision of the opposite eye was perfect. Tension of both eyes normal. On examination by means of the ophthalmoscope, it was clear that there was complete detachment of the retina, only a very small portion of the normal red choroid being visible at the lower part of the eye. In this instance a general tonic line of treatment was suggested, but no operative procedure was resorted to.

I have noticed a peculiar affection in women who after severe confinements have made a slow convalescence and have remained for some weeks in the recumbent posture. To beguile the time they have read or worked for many hours in the day, and by looking downward have maintained the inferior recti muscles in strong contraction. Convergent action being also required, the internal recti and the superior oblique muscles are brought into play. The result of this is that, when the patient once more resumes her ordinary duties, she experiences pain in and around the eye, the slightest attempt to read causes discomfort, and she soon applies for relief. As a rule, no changes are visible in the eye on ophthalmoscopic examination. The fundus is healthy, and the retinal vessels and the optic disc perfectly natural. The pain experienced is probably of the nature of spasm, and is best relieved by prolonged rest from work and the use of prisms of 2° or more.

There can be little doubt, I think, that the critical age of the menopause in women has a powerful influence in the development of glaucoma. The age of forty-five to fifty-five is of great frequency in the history of that disease, and it is easy to understand how it may be induced by the more or less sudden arrest of the habitual discharge. Whatever our theories of the etiology of glaucoma may be, it is certain that it is attended with considerable congestion of the choroid and ciliary processes, and with a tendency to the effusion of lymph and the colouring matter of blood into the vitreous, which even in subacute cases may become so cloudy that the details of the fundus cannot be distinguished. In gouty patients the venous system is already distended, but so long as the menstrual discharge continues the vascular fulness undergoes periodical relief and the disease remains in abeyance; as soon as cessation of this function occurs the whole mass of the blood is augmented, and a natural relief is sometimes afforded by diarrhœa, or by hæmorrhage from the nose and other means; but should any circumstance determine the blood to the head, severe headaches are experienced; and if, further, a flow of blood to the eyes is induced by weeping whilst the tone of the vasomotor apparatus is depressed by grief and night-watching, which is often associated with constipation, then an attack of glaucoma is exceedingly likely to supervene, accompanied, in some instances, with intra-ocular hæmorrhage.

At the period of the cessation of the menses, and either directly or indirectly due to it, paresis or paralysis of various nerves and muscles may be observed. Amongst these may be mentioned impairment or loss of the power of accommodation, mydriasis, and strabismus. These conditions, if attended to early, and appropriately treated, are generally only transitory, but if neglected they may become permanent. I have seen several cases where peculiar rolling unsymmetrical movement of one eye occurred when the other was fixed on any object; the two eyes have sometimes been used indifferently, vision being good in both, whilst the other wandered. Women are apt at this time to take but little exercise, to dread cold, and to pursue some perhaps not very prudent plan of treatment. A lady came to me lately who stated that, finding she was becoming stout, she determined to practice Bantingism, and in three months had lost many pounds in weight. The result was that she had become weak and nervous, and had suddenly developed a well-marked convergent squint of one eye. Recovery soon took place on a return to her natural diet, with an allowance of wine and the administration of a little quinine and iron.

In conclusion, then, it may be said that in males the excessive excitement of the sexual organs in youth occasion various subjective symptoms on the side of the eyes—as muscæ, photopsiæ, asthenopia, and loss of accommodation, together with blepharospasm, and at a later period possibly retinitis, retinal hæmorrhages, and white atrophy. That in young women, the epoch of the installation of menstruation may be attended with conjunctivitis, both phlyctenular and follicular, and ulcers of the cornea, with special disposition to the development of keratitis consequent on constitutional taint. That amenorrhœa, especially if suddenly induced, may be followed by hæmorrhage into the anterior chamber or into the vitreous, iritis, irido-choroiditis, optic neuritis, and white atrophy of the optic disc. That dysmenorrhœa may be accompanied by conjunctivitis, keratitis, episcleritis, as well as by inflammation of the uveal tract. That the menopause is often accompanied by effusions into the vitreous and by a disposition to glaucoma; by paresis or paralysis of the ocular muscles. That pregnancy is often attended in the early months with asthenopia, and towards the close with albuminuric retinitis and its consequences—hæmorrhages and white

patches on the retina; and that if delivery is attended with copious hæmorrhage, loss or great impairment of vision, with white discs, may occur. That in the puerperal state we may meet with embolism, which is sometimes of a septic character, and may rapidly lead to loss of the eye. And, finally, that in lactation—if we may be allowed to include that process in the consideration of the sexual organs—we find asthenopia, great tendency to suppuration of the cornea on slight scratches, and lacrymal diseases to be of common occurrence.

And thus, gentlemen, I have endeavoured to trace with feeble pen and imperfect knowledge some of the relations which exist between the sexual organs and the eye. I have omitted purposely reference to such affections as syphilis, which affect both organs and have an interest peculiarly their own; but I fear I have omitted a multitude of relations that may be familiar to others, and which I can only leave them to supply from their own practice. But I think the facts I have brought forward are sufficiently numerous to show that such a connexion really exists, and that no history of many forms of ophthalmic disease can be regarded as complete which does not include and take into due consideration the conditions of the generative organs.

REPORT OF A

CASE OF OBSTRUCTION OF THE BOWELS.

REMOVAL OF A LARGE IMPACTED GALL-STONE BY OPERATION; RECOVERY.

BY J. FORD ANDERSON, M.D.,
AND
THOMAS SMITH, F.R.C.S.

DR. FORD ANDERSON was sent for on June 30th, 1887, at 4 P.M., to see Mr. D——, a foreign consul, aged sixty-five, and found him suffering from complete obstruction of the bowels, with an anxious expression, fixed pain near the umbilicus, and vomiting. During the visit he vomited a quart of dark fluid, having a distinctly fæcal odour. The pulse was 78, soft; the temperature 98·4°; the urine scanty and high-coloured. The distension of the abdomen was slight, and there was no general tenderness on pressure. Mr. D—— stated that fifteen years previously he had an attack of inflammation of the bowels, which confined him to bed for three months, and ever since that time the motions had not been formed. On one occasion, eighteen months before the present attack, he was under treatment for a few days on account of partial obstruction of the bowels; and since this illness he had kept his motions fluid by means of daily doses of double Carlsbad water. The present illness began on June 26th; since then the obstruction had been complete, and there had been one or two daily attacks of vomiting of offensive fluid. For three days before the 26th he had suffered abdominal pain, and the bowels acted with unusual difficulty. Although feeling very ill, he was unable to lie up, and, among other duties, he attended several official dinners, returning home late in the evenings, which were cold at the time. The last of these dinners was on June 28th, but even on June 30th he went to his office as usual, though he was obliged to return home early and go to bed. Before sending for medical advice he took considerable doses of Carlsbad salts and some castor oil, but without relief.

The treatment consisted in applying warm fomentations to the abdomen, the use of gentle kneading, and in administering frequent enemata of soap-and-water and oil, which were retained in large quantity without distending the rectum, and which came away without any trace of fæces; opiate suppositories and subcutaneous injection of morphia were also given, and on July 2nd and 3rd extract of belladonna in frequent doses of a quarter of a grain was administered. This treatment was followed by relief to the pain. There was, however, occasional vomiting, with the same fæcal smell, but this was less frequent so long as he was fed by the rectum and took nothing by the mouth. Neither flatus nor fæces had passed through the bowel for six days, and, as signs of exhaustion began to appear, it became evident that medical treatment was of no avail. After consultation with Dr. Fenwick and Dr. Habershon operative measures were decided on.

On July 3rd, at 3 P.M., six days after the complete obstruction, the abdomen was opened by Mr. Thomas Smith by a median incision, six inches and a half long, from the umbilicus towards the pubes, the patient being under an anæsthetic administered by Mr. Mills. The small intestine was found much congested, its coats thickened, and moderately distended by flatus. While Dr. Anderson and Dr. Westland kept up equable pressure on the margins of the wound to prevent the escape of the intestines, the small intestine was examined by drawing it across the opening in the abdomen and examining each portion as it appeared. When eight or ten inches had thus been passed through the fingers, a hard mass was discovered in the bowel, on one side of which the intestine was distended and congested, and on the other flaccid and empty. The foreign body gave the sensation of being a gall-stone; it was only slightly movable, and as it could not be squeezed on without danger to the intestine, it was decided to remove it by opening the intestine. The portion of intestine containing the foreign body being drawn out of the abdomen, it was secured above and below by means of clamp forceps shielded with indiarubber tubing drawn over their blades. The intestine was opened by a longitudinal incision, two inches long, opposite the attachment of the mesentery, and the foreign body was removed. The intestinal wound was closed by thirteen sutures inserted after Lembert's method in a double row; they were of fine white silk, which had been thoroughly carbolised. The intestine, after being sutured, was returned to the abdominal cavity. The spray was not used. Every precaution was taken to

The wide end lay uppermost.

render the sponges, instruments, and ligatures aseptic. The external wound was closed by silk sutures, dusted with iodoform externally, and strapped and bandaged. It is quite certain that the entrance of any fluid into the abdominal cavity was completely prevented during the operation, which lasted one hour. The foreign body proved to be a large gall-stone, irregularly cylindrical, or barrel-shaped. The larger or upper end of the stone was smooth, circular, slightly cupped and facetted; the smaller or lower end was more rounded. The colour of the stone was reddish-brown, the two ends being black. The accompanying woodcut gives the exact dimensions of the stone.

Immediately after the operation the patient vomited a quart of the same kind of offensive fluid as had been observed before. He was given a subcutaneous injection of one-third of a grain of morphia.

July 3rd (seven hours after the operation): Pulse 92; temperature 98°. Sickness has ceased. Has had hiccough. Flatus has passed per anum. Restless, but no pain. Urine drawn off. One-third of a grain of morphia injected.—4th: Temperature 99°; pulse 92. Very thirsty. Two liquid actions of the bowels. Abdomen distended by flatus, and relieved by passing enema pipe into the rectum. Had a morphia injection.—5th: Pulse and temperature normal. Passes flatus freely. No pain; no distension. Wound dressed.—6th: Doing well. Two liquid motions passed. Flatus passed freely. Wound dressed; sutures removed.—7th: Two clay-like motions. In every respect doing well.—8th: Restless. Has diarrhœa. Temperature 100° (the highest temperature attained).—9th: much better in every respect.—13th: Bowels acted three times; clay-like motions.

On Aug. 1st the patient resumed, with some precautions, his usual diet, and on the 5th he returned to his office work.

The after-treatment adopted consisted in almost absolute starvation for the first forty-eight hours, and after this

nourishment was given by the rectum. Nothing but ice or water in very small quantities was given by the mouth except on the fourth day, when he took a teaspoonful of chicken broth every hour. On the fifth day the same quantity of milk and soda-water was allowed, and the nutrient suppositories and enemata were discontinued, as he had diarrhœa. On the seventh day his diet was improved, and he was allowed beaten-up eggs, broth, milk, jelly, and a little claret. Morphia was used subcutaneously to give sleep and quiet irritability, and opium had to be given by the rectum for his diarrhœa.

The patient has enjoyed better health since the operation than he has done for years. His bowels act in a normal manner, which he believes they have not done for fifteen years, and he has gained in weight.

Remarks.—Although the impacting gall-stone in this case was large, there are many larger on record, which have been either passed per anum, discharged through fistulous openings externally, or found in the intestines after death. The chief interest of the case lies in its successful treatment by surgical operation. It is probably the first case on record of recovery after removal of a gall-stone from the intestine by incision, the intestine being sutured and returned to the peritoneal cavity. It is probable that the so-called "attack of inflammation of the bowels" fifteen years previously marked the time at which the gall-stone gained entrance to the intestine by ulceration, and that from this period there was an ever-increasing obstruction to the passage of fæces, until an attack of intestinal irritation produced sufficient swelling of the mucous membrane to make the obstruction complete. From the appearance of the stone, with a facet on its upper end, we conclude there is still another, though smaller calculus, most probably in the gall bladder, or it may be in the intestines. During the diarrhœa which succeeded to the operation careful watch was maintained, but no concretion was discovered in the motions. The symptoms that fortunately gave a correct indication of the locality of the obstruction were, first, the situation of the pain always near the middle line; secondly, the absence of any considerable distension of the abdomen; thirdly, the very early occurrence of vomiting in the case; fourthly, the scantiness of the urine; fifthly, the fact that two or three pints of fluid could be retained as an enema without unduly distending the rectum. The case furnished an excellent test of the value of Lembert's suture; it kept the intestinal wound, which was two inches in length, satisfactorily closed, although there were six actions of the bowels in the first four days, and on the sixth day there was an attack of diarrhœa. In the after-treatment we adopted a plan of dieting which Mr. Smith had derived from a knowledge of Mr. Lawson Tait's practice in cases of abdominal operation. For forty-eight hours the patient was kept almost entirely without food or fluid of any kind, and although he suffered severely from thirst, yet we believe his recovery without any serious symptoms was largely due to this regimen.

SUPRA-PUBIC LITHOTOMY: A HISTORICAL SKETCH.

By CHARLES W. DULLES, M.D.,

SURGEON TO OUT-PATIENTS IN THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, AND IN THE PENNSYLVANIA HOSPITAL IN PHILADELPHIA.

THE operation of supra-pubic lithotomy was first performed in France in 1551, under the stress of necessity. At this time, Franco, after he had failed to remove a stone from a child of two years, by cutting "on the gripe," made an incision through the abdominal wall and removed the calculus in this way. But he was far from recognising the value of the invention he had been driven to, and did not advise imitation of his example. Nearly thirty years later, Rousset, as a result of studies in regard to Cæsarean section, came to believe that Franco's act of desperation was worthy of deliberate adoption as a method of lithotomy, and, in a work on the Cæsarean operation, described the details he thought advisable, defended the theoretic merits of the method, and answered objections he supposed might be raised—objections which, in fact, were afterwards raised. Rousset never had the opportunity to perform the operation, the death of Henry III. depriving him of the hope of obtaining permission to practise it upon a criminal—a favourite way of experimenting in those days. Nevertheless, to Rousset, and Rousset alone, belongs the credit of first seriously advocating the removal of stone from the bladder by incision above the pubes. Franco's act was unpremeditated, and the value of its results unrecognised by him. Rousset saw what good use it might be turned to, and his name should never be left out of any account of supra-pubic lithotomy. Early in the seventeenth century Fabricius Hildanus did this operation, but strongly dissuaded others from attempting it. Nevertheless, contemporary writings would indicate that it continued in use in France much oftener that can be established from recorded cases.

It was not till near 1700 that the operation seems to have crossed the British Channel, the first recorded operation on the western side being done by Proby, in Edinburgh, to remove from a woman's bladder an ivory bodkin which she declared she had swallowed by accident. In 1718 the method was demonstrated by James Douglas before the Royal Society of London. The next year his brother, John Douglas, performed it successfully, and in 1820 he published a work upon it, called "Lithotomia Douglasiana." Deschamps accuses him openly of having borrowed his idea from Rousset's book, which both the brothers denied that he had ever seen. However this may be, the operation at once secured adherents, and was employed by a number of English surgeons both in hospitals and in private practice. The most noted operator at that time was Cheselden, the perfector of the left lateral operation, often called by his name. He followed Douglas's method in ten cases. All of his patients recovered except one, who died of diarrhœa and fever due to an indiscretion after he was able to go about. Cheselden finally abandoned this method because others cut the peritoneum and burst the bladder in attempting to distend it. Other operators in England did the supra-pubic operation about this time; so that for a while it seemed to have more acceptance here than in the land of its origin. In Holland it was employed by Sermes at least sixteen times, in five of which death followed, and the authorities forbade his using it any more.

In 1758, the scene of greatest activity was transferred to France, through the energy and success of Frère Côsme, who did a hundred operations of this kind from 1758 to 1781, and lost but nineteen of his patients. Côsme first used a counter-opening through the perineum to secure drainage, though this was first suggested by Palluci in 1750, together with a recommendation to close the wound with sutures. Côsme, however, has undisputed claims to the invention of the *sonde-à-dard*. Scarcely had Côsme left the world when Souberbielle began a series of operations in 1796, which, continuing until 1843, when the operator was eighty-eight years old, numbered in all 115. Thus we see that two French surgeons have contributed 215, or about one-third of all the cases recorded up to 1881.

With the early part of the present century the well-known names of Scarpa, Vacca Berlinghieri, Dupuytren, Home, Dzondi, Amussat, Lisfranc, and Civiale, in Europe, and of Gibson, Carpenter, and McClellan in America, enter the list of those who used the supra-pubic operation. All, however, practised it without preference, if Amussat be excepted. The prevailing opinion had come to be adverse to this operation, its dangers being exaggerated and the safety of perineal lithotomy being considered all that could be expected. One author copied another in condemning it, and it looked as as though it might soon fall into oblivion. In 1850 Dr. G. Murray Humphry, of Cambridge, England, published an account of a successful operation done by him in 1848, together with a table of 104 cases, which has been the basis of most English statistical estimates until after 1875. This collation of statistics was not calculated to give any great confidence in the supra-pubic method, and the English opinion has continued until recently to be in the main unfavourable to it.

In Germany, on the other hand, there began, at about the same time, a decided revival of interest in this operation. This was principally attributable to the influence of Prof. Günther, of Leipsic, who collected 260 cases and printed their details in an able monograph entitled "Der hohe Steinschnitt seit seinem Ursprunge bis zu seiner jetzigen Ausbildung" (Leipzig, 1851). His presentation of the subject, backed by his own successful employment of it, caused the opinions of his countrymen to be more favourable than those of any other nationality, while in Austria and Holland his

influence has also been marked. Strange to say, there is scarcely an allusion to this, the best monograph ever published on this subject, by any English or American author before 1875, up to which time every one of these authors referred to Humphry's table for their estimate of the merits of supra-pubic lithotomy. In England and America the operation was but rarely done and hardly ever heard of. Here, however, occasionally a surgeon was driven to it because of failure to extract a stone through the perineum. From 1853 to 1857, Dr. Willard Parker, of New York, influenced by German teachings, cut four women and one man in this way, and then gave the method up. The late Dr. Krackowitzer, of New York, whose name betrays his nationality, wrote me in 1874 that he had done this operation six times since 1859. Dr. Guido Bell, of Indianapolis, a German, has done it four times since 1867 without a death. Dr. Jacobi, of New York, another German it will be observed, has done it seven times since 1868. But with these exceptions the operations of no surgeon in America had, before 1875, exceeded two or three in number.

In 1874, I was one day present at an operation of lithotomy in which several skillful surgeons laboured long and hard to extract a calculus by the usual lateral operation of Cheselden. Three hours were occupied in fruitless attempts to remove the stone entire, or to crush it. At the end of this time it was suggested to try the "high operation" before giving the attempt up. No one present had ever seen this method practised; but the operator, being a good anatomist, had no difficulty in carrying it out; and in about three minutes the bladder had been opened above the pubes, the stone—which was as large as a pullet's egg—had been easily removed, a few stitches had been inserted, and the patient was taken back to his bed. The sight of this operation led me—then a student of medicine—to a study of the history and merits of the supra-pubic operation of lithotomy, which covered a period of a year, and led to the publication of a paper on the subject, which was printed in the *American Journal of the Medical Sciences*, July, 1875. In this paper there is an abstract of the contents of an inaugural thesis, which embraced a historical sketch of the "high operation" from the days of Franco to 1875, and an analysis of the facts gathered from a table of statistics containing reports of 478 cases. The analysis showed the results of supra-pubic lithotomy, by themselves and compared with those of the lateral (perineal) operation. One of the most interesting features of the analysis was the demonstration of the fact that supra-pubic lithotomy gives as good results as lateral lithotomy for calculi weighing between one and two ounces, and better results for calculi above two ounces in weight. Upon theoretical grounds, it was contended in this paper that the supra-pubic operation is preferable to the lateral; and it was asked: "If these, then, be the facts, is not this method deserving of more attention and a fairer trial than it has yet had? Does it not, theoretically and by its actual results, commend itself to the candid judgment as a method which offers sufficient probability of success, if rightly and carefully executed, to lead to its application in other cases than the most desperate? For many years it has been assigned this position of a 'forlorn hope.' Shall it not be some day placed where, with less disastrous obstacles, it may win success without having its victories made to seem like defeats because of the losses rendered inevitable by the field to which it has been limited?"

From the time when this hope was expressed until the present, I have not ceased to follow with deep interest the history of supra-pubic lithotomy. For some years I continued to collate and analyse its statistics, so that, in 1881, I had collected and studied the reports of 636 operations by this method, with results practically identical with those published in 1875. Especially gratifying was it to one who had faith in the merits of supra-pubic lithotomy to note how it was gaining the confidence of surgeons all over the world, so that the operation was coming into more and more general use. A study of its history by epochs shows that it was practised in the sixteenth century only once; in the seventeenth only seven times; in the eighteenth 191 times; in the first half of the nineteenth 237 times; and in the next thirty years more than 200 times. At this time (1887) the whole surgical world seems convinced of the merits and practicability of this method. This state of affairs can be traced to several things: one, the steady defence of the method by those who believed in it; another, the demonstration of its merits by the study of a sufficiently large number of cases; another—and most important factor—the proposition of Professor Petersen to facilitate access to the bladder by distension of the rectum;[1] another, the zeal with which it has been championed and practised lately in Paris by Monod, Guyon, Perier, and other surgeons; and, lastly, the conversion of Sir Henry Thompson, who, after long denying its claims, has become one of its most enthusiastic propagandists. At the present day, then, supra-pubic lithotomy may be said to be on the very crest of the wave of popularity. It is even necessary, I think, for those who have believed most patiently and consistently in its merits, to raise a voice of caution, lest it suffer by being overrated, even as it so long suffered by being underrated. After thirteen years of study of this method and an analysis of over 700 operations, I have come to the conclusion that a temperate view of the subject will lead to the conviction that the supra-pubic operation deserves to rank above all other methods of lithotomy for stones of large size, and that its applicability to any case should be carefully discussed before deciding to cut through the perineum.

Chronological Summary.—1551: Franco did the first operation. 1580: Rousset described and advocated it. 1694: Proby did the operation successfully. 1698: Solengius distended the bladder with air. 1719: Douglas established it in England; Bamber injected the bladder after opening the abdomen. 1724: Sermes made a cut in the perineum to introduce the sound. 1739: Clelland proposed a peculiar sound. 1750: Pallucci proposed a perineal incision for drainage, and suture of abdominal wound. 1758: Côsme used the sonde-á-dard and perineal counter-incision; he also attempted suture of the wound. 1773: Le Blanc said to have operated "*en deux temps.*" 1783: Aitken proposed dividing the "share-bones." 1785: Espiaud placed his patient in a sitting posture after operation. 1800: Souberbielle argued that the catheter was not indispensable for drainage. 1826: Pinel Grandchamp proposed suture of the bladder-wound. 1828: Baudens operated with bladder undistended. 1829: Tanchou practised constant irrigation of bladder and wound. Geo. Bell dilated a fistula to remove a stone, and proposed this as a method. 1832: Vidal de Cassis proposed the method "*en deux temps.*" 1841: Nélaton did first operation "*en deux temps.*" 1843: Felpeau opposed using sutures. 1850: Delery applied sulphate of iron and powdered camphor to wound to prevent septic absorption. 1851: Günther published his monograph. 1854: Baudens sewed up bladder after extraction of bullet. 1857: Bruns practised suture of the bladder wound. 1871: Listerism used by Lister. 1874: Anger recommended use of thermo-cautery. 1875: Trendelenburg proposed placing patient on abdomen for drainage. Dulles reported analysis of 478 cases, and advocated general adoption. 1879: Flury published statistics of ninety-three cases. Van Gœdœver advocated general adoption. 1880: Petersen recommended distension of the rectum to raise distended bladder out of pelvis. 1881: Langenbuch proposed "*sectio alta plastica.*"

ON ECZEMA AND PSORIASIS.

BY A. S. MYRTLE, M.D. EDIN.

FORTY years' experience with any class of patients should afford many and valuable opportunities of comparative observation, not only as to the results of one's own practice, but as regards that of many of the most distinguished of the profession. Such has been my lot; and it is after having treated thousands of cases of eczema and psoriasis—cases, many of them at least, which had been seen by the best specialists,—tried every remedy, from Holloway's ointment to cuticura, and visited the most famous watering places in Europe, without securing much benefit, that I venture to lay the lessons I have been taught and the conclusions I have arrived at before the readers of THE LANCET. I shall assume that they are all as familiar with the symptoms and varieties of both affections as I am. As far as varieties go, I may at once say I recognise only eczema and psoriasis; the forms they take are practically of no importance, however imposing they look on paper. Everyone will admit that both are becoming more and more common; as a proof of this I need only point to the rapid growth of dermato-

[1] This plan may have been suggested by the experiments of Dr. Garson, of Edinburgh, which were reported to the Congress of German Surgeons by Prof. Braune.

logists. In 1845, in England, we had only one of any note, Erasmus Wilson; Scotland was entirely without; and Ireland was little better off. Now we have them flourishing in every city, and attached to every general hospital in the kingdom. The etiology of both affections is still to be discovered, notwithstanding the great advances made in every department of pathology and therapeutics. As yet no bacillus has been found, and, what is more, I prophesy that none ever will be; for wherever that most fashionable, highly cultivated micro-organism takes possession, death and destruction follow. Look at splenic fever, chicken cholera, and tubercle. Now, the affections under our consideration are in reality scarcely to be classed as diseases, for, correctly speaking, they are mere divergences or exaggerations of that cell life continually going on in health, and, however extensive, vexatious, and protracted, they never lead to any structural changes or permanent functional derangements, and never destroy life. Whilst our knowledge as to their proximate cause has made no progress, I am pleased to add that the same cannot be said as to their treatment, for here we have made immense strides; still, it is emphatically experimental, quite as empirical to-day as it was when I commenced practice. We have no royal road to cure—no specific; the best methods of treatment, the most usually successful every now and again, even in the same individual, prove worse than useless. Often have I fancied I had made a great discovery, thought of the Patent Office and enormous wealth, but, like Sir Andrew Clark and cocaine in summer catarrh, my hopes have been rudely shaken. Patients and friends continually ask, "Can you cure this? Will it ever return?" I answer to both questions, "Yes." Some also ask, "Would it not be dangerous to drive this in?" And even medical men, I suppose by way of comforting the patient, say, "It is better out." My great aim is to cure, and as quickly as possible, with one solitary exception—eczema capitis in teething infants.

It has become the fashion to say that both eczema and psoriasis are manifestations of gout, and that if you wish to succeed in treating them you must do so "according to the well-known therapeutic indications observed in that condition." These are the words of a Dublin physician. I hold that they have no more to do with gout than tapeworm has; but, like every other aberration of health, when they occur in a gouty subject they are all the more difficult of cure. I shall mention one reason only against the gouty theory of causation. Wherever any tissue has been the frequent seat of gout, and if to periodic we add protracted, structural changes invariably follow—degenerations, in fact,—and the part so affected never regains its normal condition. What happens here? I can produce cases that have been subject to attacks of both for thirty—ay, fifty—years, who will tell you that every portion of their skins has been, not once, but scores of times, the seat of these eruptions, and if you examine any part where they no longer exist you will find it perfectly healthy in appearance, and as capable of performing its functions as if these had never been interfered with. Would such be the case were gout the cause? Hereditary transmission affords no explanation of their etiology. Everything is hereditary—moral, mental, and physical; and, in my opinion, it is a waste of words to say that any disease is hereditary when we know it must be. Besides, whether hereditary or acquired, it makes no difference in prognosis or treatment. In both, what we do know is this, that there is an abnormal activity in cell life, and that this cell proliferation is due to fitful nerve disturbances—vaso-motor possibly, central frequently. How common is it to find a burst of one or the other follow close on the heels of grief, worry, overstrain of mind or body. In eczema we frequently observe the influence which digestion and assimilation exert on its behaviour, and, above all, the way in which hepatic conditions, whether functional or organic, interfere with the eczematous. Consequently, we must recognise the necessity of attention to diet and internal treatment. In psoriasis we seldom find any such influences at work. I am not aware that it is in any way affected by diet, or that it can be produced by any amount of dirt. As a rule, the subject of it is in rude health, capable in every sense of the word, and, with the exception of arsenic, little affected by internal remedies. I hold that both are non-contagious, and I differ entirely with Dr. Jonathan Hutchinson in his recently expressed views that the spread of eczema and psoriasis to contiguous portions of skin is due to "an infective process," and that this must serve as "the keynote of a large part of the therapeutics of the skin." By an infective process I mean, and I suppose Dr. J. Hutchinson means, the transmission of a noxious principle or material from one individual to another, or from one portion of the same individual to another portion. If eczema and psoriasis are spread by infection, surely we might look for their being frequently given to the friends and attendants constantly employed in dressing and waiting on those suffering from the very worst forms of both; in all my experience I have never met with such a result. If they spread by an infective process, why not chilblains, which, according to the same authority, arise from "inherited peculiarity of tissue as regards susceptibility to cold"—in fact, vaso-motor disturbance. This infective process is a new doctrine, and we are entitled to ask what is the contagium, and how does it happen that a single patch of eczema lasts a lifetime without spreading? Common sense and long experience tell me that the common cause of the spread of eczema is scratching, and wherever this is resorted to self-aggravation is the law, but that aggravation is not brought about by infection either in the part or through the blood, *but* by the nails; in fact, I go so far as to say—if you prevent itching, you do away with scratching, and the eczema is cured.

I shall not take up time by dwelling on ordinary cases of eczema or psoriasis. These can be successfully dealt with anywhere and by anyone qualified. I shall confine myself to three extraordinary cases of each, cases that had defied all treatment. Everyone is familiar with the popular belief that natural sulphur waters have great power as therapeutic agents in all chronic cutaneous diseases. Medical men recognise this fact, and send hundreds of patients to the sulphurous springs of Moffat, Strathpeffer, and Harrogate, as well as Aix-les-Bains, Aix-la-Chapelle, and other continental spas, to undergo the "cure," as it is called. Now, I shall briefly sketch how these same cases do at Harrogate.

Mr. Edmund Furner of Brighton, in 1860, sent me a retired Indian judge, aged seventy, who had been a martyr to one of the worse forms of eczema I ever saw. From head to foot there was scarcely a morsel of skin free from it; some parts were raw, exuding serum and pus, encrusted with scabs, on removal of which angry sores were exposed. He had visited Wiesbaden, Homburg, Aix-la-Chapelle, and Cauterets. He brought a note in which Mr. Furner stated it was the decided opinion of Erasmus Wilson, two eminent London physicians, and himself that no attempt must be made to cure the skin, as they believed that would kill the patient. I did nothing, but left him to swelter in Wilson's benzoated zinc ointment; in three months he went home as he came. Here I may observe that all ointments in such a condition are filthy and injurious; they rapidly undergo chemical changes, and add to the irritation. Next year, to my sorrow, the patient returned as bad as ever. One night I called on him accidentally. I found him in great trouble, talking of doing away with himself; he longed for death. Then I told him it was thought if his skin were cured he would die from lung mischief, but if he liked I would try to cure him. He agreed. Next morning he had his first alkaline sulphur bath, at 98°, for six minutes; this removed all ointment. He was dried carefully, and, as his skin was raw and bleeding, I covered the whole with fine sheet cotton-wool medicated with a preparation of coal-tar. Each day his stay in the bath was prolonged, and the dressing repeated. In six weeks he was cured. No lung mischief appeared, and he died at eighty of decay, never having suffered to any extent from eczema again.

Strangely enough, the next very bad case was a gentleman who had also been a judge in Calcutta for many years, and had to resign his appointment on account of eczema. He had gone to one health resort after another, had consulted the best authorities at home and abroad, and, hearing of Dr. McCall Anderson, he went to Glasgow. Dr. Anderson sent him to me for the purpose of drinking and bathing in our sulphur waters. His body was in such a state that he could not wear his usual clothes or lie down in bed; he sat wrapped in thin muslin, with a loose skirt and dressing-gown. He was flayed in many parts, and the raw surfaces were the seat of serous and purulent discharges to a painful and exhaustive degree. I resorted to the same treatment as in the former case, dressing him myself daily; the wool stuck to him at first, and had to be rudely torn off. The result was that in three weeks he could bear his clothes, and in six he left with a sound skin. I have seen him often since, and he has never had more than a slight threatening of his old enemy.

Last April Mr. J——, a surgeon in large practice, placed himself under my care. His history was a sad one: from his ninth year he had been a martyr to eczema; twice he was cured—once by an attack of acute pneumonia, and again by an attack of rheumatic spinal meningitis,—but with returning strength the eruption returned. In 1885 he never passed a night free from urticaria, and since then his hands, soles of feet, elbows, buttocks, scrotum, and thighs were so involved with eczema that he was entirely crippled, and had to give up practice in the beginning of this year. Every kind of treatment, internal and external, had been tried—arsenic, iron, iodide of potassium, alkalies, and acids. I put him under a course of our sulphur waters and baths, and in a week he was greatly better, and at the end of the third week he was so comfortable and presentable that he went home and resumed work. About four weeks ago he wrote to me; he was able to keep the eruption quiet by using an ointment with carbolic acid, nitrate of mercury, bismuth, and lard. Unfortunately about a week after that he read Dr. Crocker's account of his success in eczema by counter-irritation. Mr. J—— jumped at the idea, and at once applied a mustard plaster to his nape. Suddenly, as he calls it, all the old places were recrudescent, his face became covered with blotches, and his body was in a blaze; he wrote to me in despair, With all deference to Dr. Crocker, and whilst concurring in his views as to the influence the vaso-motors have in eczema, I cannot speak too strongly against the application of counter-irritants to the skin of the eczematous for any purpose whatever. I have brought the case forward because, although only half cured, that proved an immense boon, and had Mr. J—— been able to stay for six weeks instead of three, I feel almost certain the result would have been most satisfactory.

Captain M—— was obliged to resign his commission in the army on account of a severe and very general attack of psoriasis, which made its appearance shortly after he joined his regiment in India. For eleven years he had never been free from it. Of course, he had done everything he could to get rid of it, and tried every remedy and baths. When I saw him his whole body was covered with scales, varying in size from a shilling to a pin's head. His extremities and face were also in the same plight, and his nails were thickened and corrugated. I found that all his organs were healthly and functions natural. I ordered him a mild sulphur bath at as low a temperature as he could bear, and to remain in it as long as he could without feeling chilled. For three months he lay in his bath sometimes for an hour, and at most for an hour and a quarter. At the end of this course every patch had disappeared, and, except for his nails, it could not be recognised that he had suffered from psoriasis. He went to Paris, and in the following spring announced the fact that his nails were nearly well, and that he was going to marry. I have never heard of him since.

Dr. Holman of Reigate sent me a gentleman with very bad psoriasis last year. He had suffered from it for a long time, and had large patches on his body, forehead, face, arms, and hands. A three weeks' course of waters and baths cleared him. He returned last April with a very good report, and underwent a fortnight's treatment by way of prevention.

A month ago Dr. Holman of Hampstead sent me a youth of nineteen who had never in his recollection been free from psoriasis. His face and neck were covered, giving him a most unsightly appearance; large patches running into each other were on the body, and on the legs and arms were a number of rings, more or less regular. He took a full course of sulphur and chalybeate water internally. He remained in as cold a sulphur bath as could be borne for an hour each day, and the result is his face and neck are entirely well, and the other patches have nearly disappeared.

Before 1876 I invariably ordered baths at a temperature of from 96·8° to 104°, and, finding that little impression was made on the eruption, I lowered the temperature until I got my patients into a cool bath, and I found a marked diminution of cell activity, and the longer I could keep them under this the greater and more rapid was the improvement. Certain conditions are absolutely necessary for such strong measures; the patient must be sound in all his organs. Were anyone with disease of the heart, liver, or kidney subjected to such a severe ordeal, most serious mischief might result; so also with those predisposed to gout and rheumatism.

In psoriasis, dieting is of no importance, and internal remedies are of as little. The same cannot be said of eczema; but in both I trust greatly to external applications. As a preventive against recurrent attacks of eczema dermato-therapeutic quinine lotion is by far the best thing I have yet hit upon. It acts as a powerful tonic as well as a sedative, and can be applied with freedom to all parts, as it never produces the slightest irritation. Such preparations are greatly to be preferred to ointments and pigments, which always rub off and soil whatever they come in contact with. I frequently paint old-standing patches of psoriasis and eczema with naphthaline tincture, after immersion in the sulphur bath, with the most satisfactory results, and confidently recommend a trial of it after other applications have failed.

Harrogate.

SOME CURIOUS VASO-MOTOR PHENOMENA OF TYPHOID FEVER.

BY ANGEL MONEY, M.D.,

ASSISTANT PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL AND TO THE HOSPITAL FOR SICK CHILDREN.

I DESIRE to publish some fragmentary clinical observations on certain so-called vaso-motor phenomena which may be observed in some continued fevers. If these phenomena have been previously observed, they have at least failed to obtain the recognition their interest and perhaps importance merits; and such mention as is accorded them by systematic writers is so unsatisfactory, not to say desultory, that it is plain the presence or existence of such phenomena did not appear to authors to have any definite value beyond that which attaches to mere ordinary phenomena. Nor, indeed, although I make more of them, and perceive in them a significance which may prove of diagnostic and even prognostic importance, do I pretend yet to have reached the bottom of their powers; and although I feel sure they have a worth, I cannot yet, even approximately, state what that worth may be, either intrinsically or extrinsically. But these are no reasons why I should not state what I have seen and set forth what I think.

In many cases of typhoid and rheumatic fever curious vaso-motor phenomena may be detected in the skin, and, after considerable observation, I think most of them may be grouped in one or other of the following classes:—In the first class I may place the *spontaneous vaso-motor phenomena*, by which I mean those facts which may be witnessed without further irritation or stimulation than attends the mere exposure of a surface of the body or limb on which the observation may be made. If it be the surface of the abdomen, this may be found to be for the most part of a pinkish hue, such as tends to obscure the presence of rose spots, if such be present; but scattered here and there through the red tint, which they mottle, may be seen areas of whiteness, which present a distinct and striking contrast with the general tint, and are, moreover, characterised by varying in distinctness, being whiter or less white at one moment than at the preceding or succeeding moment. If to such a skin, under such circumstances, the additional condition be added of a slight mechanical—and, I may add, electrical or thermal—stimulation, certain further observations may be made, the purport of which I cannot pretend to fathom, though it would be easy to offer plenty of hypothetical explanations. It generally happens that the stimulated area or line turns white or ivory-tinted after the lapse of a rather long latent period, variable in different cases and at different times for unascertained reasons, and measurable generally by seconds. The whiteness is not strictly limited to the irritated section, but spreads away from the part stimulated, and in a gradual, decreasing fashion. Moreover, the pallor does not appear abruptly after the period of latency, but the pinkness of the skin gradually gives way to the whiteness, and the changing hue is very perceptible. Thus, both in space and time the phenomenon has a graduation and a duration which are, comparatively speaking, of slow course, and remind one rather of the contraction of smooth, plain, nerveless muscular fibre, than the rapid, sharp contractions of the well-nerved voluntary muscle. And although too much stress should not be laid on this feature, still I cannot but think

that these characters suggest the independence of the phenomena on the nervous system, and their dependence on the mere living undifferentiated protoplasm of the walls of the capillary vessels. But I am not bigoted in the matter of explanations of phenomena, and care more for the accuracy of observations and for the determination of facts.

I want further opportunities for examining the various etiological factors which must concur and the different conditional causes which must be absent for the development of this phenomenon. I make no doubt in my own mind from general grounds of causation, that one chief agent or agency must be at work in the production of the phenomenon, but, nevertheless, all that we yet know of etiology, whether of disease or of other earthly processes, points conclusively to the belief that many other conditions besides the chief one—the exciting cause as we call it—must be operative, and some conditions not operative, in the causation of the process. I have a few other facts of special connexion with the present phenomenon. Frequently, but not always, it will be found that exposure of the skin of the arm and forearm in the same subject presents a contrast with the previously or simultaneously exposed surface of the abdomen, the general tint being white with irregular patches, sometimes streaks, of pink or darker red. When this contrast is evident, and occasionally when there is no such general and spontaneous dissimilarity of appearance, mechanical, and sometimes (? always) electrical and thermic, irritation of the skin of the arm will be followed after a similar, but perhaps generally a trifle shorter, period of latency by the gradual development of the *tache cérébrale* or red streak, having the usual characters of that phenomenon. Sometimes the surface of the arm has a general pink tint on first exposing it to the atmosphere, and this may rapidly change to white, but the colour of the written characters thereon may be deep red. The contrast in colour may be still more remarkable, even in the same case; the writing may be white on the surface of the abdomen, red on the forearm, white on the legs. I do lay considerable stress on the circumstance that the temperature of the skin and of the body is usually high in cases which present these vascular phenomena, and, further, I have most generally observed them in full perfection when the skin has not been perceptibly sweating. But, as proving that neither increased heat nor an especial dryness of the cutaneous tissues is necessary to the production of such phenomena, I may observe that I have seen them very well marked in cases of epilepsy and chorea of uncomplicated and afebrile sort. It may be worth placing on record also in this connexion that the majority of cases in which these observations were made the brain was certainly perturbed in its functions, for delirium was frequently present at some period of the twenty-four hours, mostly at night-time; still I must add that my observations were usually made during the day-time, and when the intellect of the patient, to all ordinary modes of investigation, did not seem to be abnormally affected. I should like to make more investigations at different hours of the day in order to ascertain whether there are any daily or other periodic variations in the phenomena, and also to determine whether the morbid signs present any concomitant variations with other corporeal phenomena, either normal or abnormal. I do not think that a careful clinical study of this nature would be either a waste of time or would not be of some clinical avail.

Harley-street, W.

GLASGOW WESTERN INFIRMARY. — At the annual meeting of this institution, held a few days ago, the report submitted showed that 14,661 out-door patients had been treated during the year, and 3928 in-door. Of these latter 277 died, giving a percentage mortality of 7·7; but of the fatal cases 44 were hopeless when admitted, reducing the death-rate to 6·6 per cent. The average residence of each patient was 37·2 days. The cost of each bed fully occupied during the year was £49 0s. 3½*d.*; the average cost per patient was £4 19s. 10*d.* Financially the infirmary was reported to be in a flourishing condition, a balance of £9000 being carried forward to next year.

THE Blair Convalescent Hospital, which has been erected as a result of the munificence of the late Stephen Blair, formerly M.P. for Bolton, at Bromley Cross, near Bolton, is now practically completed, and will shortly be opened for the free admission of convalescents "without limit of domicile."

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

MULTIPLE MINUTE ULCERS OF THE CORNEÆ FOLLOWING EXPOSURE TO ELECTRIC LIGHT.

BY T. PHILLIPS,
CLINICAL ASSISTANT, MOORFIELDS EYE HOSPITAL.

IN this case the causal relations between the exposure to the electric light and the lesions of the corneæ seem to be fairly complete.

On August 31st an electrician, aged twenty-four years, while engaged in making observations of a very powerful electric arc, removed the usual protection in order to make a "better examination," thus exposing his eyes for about four minutes to the action of the light. He suffered no immediate inconvenience; resumed the shade, continued his labours for a short time, went home, had a "good sleep," and had no cause for complaint until he awoke about four hours after the exposure. He then suffered from acute pain in and about the eyes, great intolerance of light, and was unable to sleep. He said, "I was stone blind."

I saw the patient on September 5th. He was still suffering from acute pain and intense photophobia, which prevented examination till the application of a 10 per cent. solution of cocaine. The anterior surfaces of both corneæ were affected. The right was dotted all over with small definite ulcers. The left had six such ulcers arranged in pairs of three rows disposed vertically. The appearance of these ulcers was similar to that presented by the corneal ulceration which occurs in states of perverted innervation of the eye. The ophthalmoscope revealed nothing abnormal.

The eyes were bathed with boric acid lotion, and a solution of cocaine and atropine applied night and morning. In the meantime both eyes were closed with pads smeared with boric acid ointment.

Professor Tweedy kindly saw the case a few days afterwards, and verified the above description and approved the treatment. He also said that he had seen several cases of conjunctivitis with photophobia following exposure to a naked electric light, but had not noticed the corneal ulceration before.

The patient was well in about a fortnight.

A very interesting question suggested by the case is the possible cause of the phenomena—whether (*a*) due to direct damage of the corneal structure, (*b*) to direct damage to the trophic nerves, or (*c*) to indirect damage to the trophic nerves reflexly induced through the optic nerve. It should perhaps be stated that there was no past history of eye disease, except a trifling injury, and the vision was previously normal.

ABSENCE OF THE OCCIPITAL BONE IN NEWLY BORN INFANTS.

BY W. C. BROWN, M.D.

The publication of an instance of this rare deformity in THE LANCET of June 11th, has induced me to give particulars of two cases that have recently occurred in my practice.

On April 26th, 1886, I was called to attend Mrs. N——, aged twenty-four, in her first confinement. She complained of having been suffering from extremely strong fœtal movements for a day or two. On examination I found the os dilated, the head well down, and the face presenting. Anticipating a tedious confinement, I was surprised at the ease and rapidity of delivery. On the birth of the infant the reason of this was made apparent; the back of the cranium had remained completely undeveloped. A large soft tumour containing the cerebellum and part of the cerebrum protruded, and on running the finger round its edge the parietal bones could be felt soft and gelatinous. The arches of several of the cervical vertebræ were also wanting, the tumour extending down the back of the neck for some distance. Unlike Dr. Fraser's case, the skin was quite intact over the tumour, and a considerable quantity of hair was growing on it. The child, a healthy

and well-nourished female of full term, drew a few respirations after its birth, but did not live for five minutes. The mother made a good recovery, and I saw nothing more of her until two months ago, when she came to tell me that she was again pregnant, and that she expected to be confined about the beginning of September. I was called to attend her, however, on July 7th, and found her well advanced in labour, with a foot presenting. There was a very large quantity of liquor amnii, but delivery was rapid and easy. On examining the fœtus, an eight-months' still-born female, exactly the same deformity was found to exist. The tumour was, however, not so large, and the arches of the cervical vertebræ were in this instance complete. In every other respect the deformity was identical with that of the first child. Notwithstanding the fact that the fœtus had not respired, pressure on the tumour caused convulsions, and, if maintained for some time, severe tetanic spasms. In each instance there was a peculiar protrusion of the eyes, which, I observe, is noted also by Dr. Fraser, and the neck was extremely short. In each instance, also, the skin over the tumour was so loose that the finger could easily be pushed between the cerebellum and the medulla, and also for some distance down the spinal canal. The occipital bone—in fact, the entire bony arch behind the foramen magnum—did not exist even in the most rudimentary condition, and the skin was lying directly on the membranes of the brain.

This arrest of development of the posterior arch of the skull is evidently caused by the primitive vertebral discs at the upper extremity of the fœtal chorda dorsalis being too few. If the number be even one too few, it will easily be seen how a gap may be left. The double curvature forward of the cerebral extremity, which takes place about the seventh week, would tend to pull what vertebral discs there are forward to the anterior part of the skull. In this way a deficiency in number of the vertebral discs results in a gap being left at the back part of the skull, and the posterior cerebral vesicles are left with no vertebral disc to mould itself over them into a bony covering. From the strong fœtal movements that had been felt in both labours I concluded that intra-uterine convulsions had supervened a certain stage of development, and that this had terminated the pregnancy. The parents are both young and healthy Europeans, the father being of German, the mother of English birth. I have been able to assign no cause for both of their offspring being born with this rare and peculiar malformation.

Penang.

THE TREATMENT OF COMA IN YOUNG CHILDREN BY HYPODERMIC INJECTION.

BY F. R. HUMPHREYS, L.R.C.P. LOND., &c.

THE following cases may be of interest, as they seem to indicate a line of treatment applicable even *in extremis*.

CASE 1.—An infant aged ten months, very ill for fourteen days with broncho-pneumonia, complicated by relapses. When first seen (3.40 A.M.) the child was deeply unconscious, unable to swallow, the lips blue, and dying; it had been in this condition for two hours previous to my being sent for. The condition had come on very gradually.—3.40 A.M.: Pulse 176; respiration 96. Three minims of brandy were injected hypodermically.—3.45 A.M.: The brandy injection was repeated. The mouth was noticed to be drawn down to the right.—4.5 A.M.: Pulse 168; respiration 92. Better; coughed a little; nystagmus. Hypodermic injection of $\frac{1}{120}$th of a grain of digitalin. The child opened its eyes, looked about, and was able to swallow a little.—4.30 A.M.: Pulse 168; respiration 86. The child had improved so much that I left. It died at 9 A.M. I was told it gradually relapsed into its former state. I was only called in in the absence of the doctor in attendance. On making a hurried physical examination, the right lung appeared nearly solid, and the left was badly affected.

CASE 2.—A boy aged nine months, suffering from measles (fifth day). The rash had gone a few hours before. Hyperpyrexia with consolidation of the left lung having set in, the doctor who was in attendance declared the case hopeless, and said he would not come again. I was therefore asked to see what I could do. When first seen the child had just had a convulsion, but I was told it had been unconscious for some hours. The lips were blue, the pupils extremely contracted, and I could get no reaction to any stimulus.—3.30 P.M.: Respiration 12; temperature 104·8°. It was wrapped in a wet sheet, an enema of brandy, egg, and milk administered, and a hypodermic injection of two minims of brandy given.—4.50 P.M.: Respiration 22; temperature 102·7°; pulse 140. The child was breathing better, and appeared improving. During this period six minims of brandy and $\frac{1}{120}$th of a grain of digitalin were separately injected under the skin.—7.30 P.M.: Temperature normal; much better; able to swallow. The consolidation cleared up; but meningitis set in, and the child died from exhaustion on the seventh day after I first saw him. Each time he flagged brandy or digitalin was administered hypodermically, and each time there was temporary improvement. The child was unhealthy, living under bad hygienic circumstances, in great part nursed by a mother who was absolutely ignorant of such work, and it was only after repeated relapses that it finally succumbed.

In an extremely similar case to the last, broncho-pneumonia passing on to meningitis, with hyperpyrexia (107°), occurred in an elderly but healthy man, and death ensued in a few hours. Hypodermic injection was not made use of, and sponging was of no avail.

Queen's-crescent, N.W.

COMPOUND DISLOCATION OF THE PROXIMAL END OF THE MIDDLE METACARPAL BONE FROM THE OS MAGNUM.

BY ERNEST CUSSE, M.R.C.S., &c.

THIS case being an instance of a rare injury may be worthy of note.

J. E——, a gardener, fell from a tree some twelve feet on to the palm of his left hand. On presenting himself at the Bournemouth Dispensary, I found the hand flexed, and the head of the middle metacarpal bone exposed in the palm. The patient complained of very great pain. Having thoroughly cleansed the parts with an antiseptic solution, counter-extension was made from the wrist and extension from the middle finger, pressure at the same time being made on the shaft of the metacarpal bone. The dislocation was easily reduced. The wound was not closed. An antiseptic dressing was used, and a splint applied from the elbow-joint to the ends of the fingers. The case did very well, without suppuration or impairment of the functions of the hand.

Bournemouth.

A VERY RARE PRESENTATION IN MIDWIFERY.

BY J. R. BUCHANAN, L.F.P.S. GLAS.

THE very rare presentation in midwifery narrated by Mr. Borham in THE LANCET of Oct. 15th is certainly an unusual one, so far as my experience and reading have extended, but it is by no means unique. On Aug. 20th last I met with a case almost identical with that of Mr. Borham, but with a different result. The messenger who summoned me to assist the midwife, said that a loop of the cord had come down, but that the midwife had been able to replace it. On making an examination, I found a loop of the funis protruding from the vulva. It was quite cold and pulseless. A further investigation showed that the head and left hand were presenting, the hand lying closely pressed against the temple and cheek. I was able quickly and easily—the pelvis being roomy—to push the hand above the brim, and, applying the forceps, delivered in a few minutes, but the child had evidently been dead for some little time. The answer I got, on asking the nurse what she meant by saying that she had replaced the cord, was that she pushed it into the vagina under the impression that that made matters all right.

Glasgow.

DWELLINGS OF THE PEOPLE.—At a meeting of the members of the Mansion House Council on the Dwellings of the People on the 30th ult., it was reported that the inquiry ordered by the Home Secretary into the sanitary condition of Bethnal-green had been concluded, and that the Commissioners' report might shortly be expected. Meantime a very large proportion of the nuisances complained of had been remedied by the vestry. In Mile-end and in Limehouse district a similar condition of sanitary progress was reported.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

UNIVERSITY COLLEGE HOSPITAL.

REMOVAL OF PART OF THE JAW, TONGUE, SIDE OF THE PHARYNX, AND SOFT PALATE FOR EPITHELIOMA.

(Under the care of Mr. ARTHUR E. BARKER.)

THIS case serves to illustrate some of the advantages of division of the cheek for the purpose of reaching disease far back in the tongue and pharynx, a measure which has yielded good results in the hands of many surgeons since first practised more than fifty years ago by Jaeger. The division of the cheek was here combined with removal of the lateral part of the jaw, which was in part involved in the growth. The rapid and uncomplicated convalescence after so severe an operation was remarkable, and most encouraging.

W. J. G——, aged fifty-five, was admitted on May 18th, 1885. He had already been operated on three times for epithelioma of the left tonsil and side of the pharynx, these operations consisting of thorough scraping with sharp spoons and the use of the actual cautery. In each case the wound had healed rapidly, but recurrence had taken place in a few months again. Still no trace of any glandular infiltration could be made out by the most careful examination. For some weeks before admission he had frequently requested further operation, as he was suffering from the most severe pain, quite beyond the control of cocaine, even when used in large quantity. It was explained to him that no operation short of removal of part of the cheek and jaw, as well as the tonsil and side of the pharynx, would now give him any relief, and would be a most serious procedure, and that probably the disease would even then recur. Nevertheless, in spite of dissuasion, he still pressed for the operation in order that he might have some cessation of pain, which was completely breaking him down, and his urgent request was acceded to.

At the date of admission the extent of the disease was as follows. There was difficulty of mastication and deglutition of hard substances. On the left tonsil and extending forwards over the anterior pillar of the fauces to the cheek, behind the molar teeth, there was an epitheliomatous ulcer with raised and thickened margins. The disease also spread above a little into the hard and soft palate, and below just on to the edge of the tongue. No affection of the glands was to be found anywhere. As there was no doubt as to the nature of the growth from examination of the tissues removed on former occasions, an extensive operation was clearly indicated.

Mr. Barker first made a slit from the left angle of the mouth to an inch and a half from the lobe of the ear. The facial artery was then secured below by a pin and figure of 8 of silk, and above by torsion. The last molar tooth having been extracted, the jaw was divided through its socket from above downwards and backwards, and all the angle, with part of the ascending ramus, was removed, the section of the ascending ramus being completed with bone forceps. With the bone were now removed by means of scissors, cutting well beyond the growth, half the soft palate and mucous membrane from the hard palate, the side of the pharynx and a considerable portion of the left side of the tongue, and a piece of the mucous membrane of the cheek and that lying over the ramus of the jaw. During this dissection three vessels were divided, which bled rather freely; these were probably the palatine and tonsillar branches. They were easily secured with Wells' forceps, and one was ligatured. The whole area of operation having been carefully dried, it was now dusted with iodoform. The divided cheek was then brought together with stout carbolised silk passed through everything but the mucous membrane, and a few finer stitches were placed between these. A dressing of salicylic wool was applied over all.

There was no shock, or very little, from the operation, and the next day the patient was sitting up in bed comparatively comfortable. The stitches were removed on May 24th, union by first intention having taken place except just at the posterior angle of the wound, which, however, soon closed. There were no complications, and the patient was discharged on June 8th, expressing himself as being more comfortable than he had been for twelve months. The temperature did not touch 100° except once, on the tenth day, when 100·6° was recorded in the evening; after this it was sub-normal until the patient left hospital. From this date the patient came backwards and forwards for examination for about a year. All this time there was no trace of recurrence or any pain, and he enjoyed the best of health. But at about the end of a year it was evident that a local return of the disease in the throat had taken place. This soon begun to ulcerate, and after several attacks of hæmorrhage he died at the end of fifteen months from the date of operation, after an attack of severe bleeding.

Remarks.—This formidable operation was only undertaken at the patient's earnest solicitation, and after explaining to him that it was not likely to be more than palliative. But the complete relief from suffering which it afforded, as well as the prolongation of life for more than a year, left no room for regret that it had been performed. It was remarkable that up to the end of the case no extension of the disease to the glands could be discovered. The result of this and other similar operations has left the impression on Mr. Barker's mind that more might be done in the way of excision of pharyngeal cancer than is commonly supposed.

MANCHESTER ROYAL INFIRMARY.

RUPTURE OF THE RECTUM; PERITONITIS; NECROPSY, WITH DISCOVERY OF A PIECE OF CLOTH IN THE ABDOMINAL CAVITY.

(Under the care of Mr. HEATH.)

THE following case was reported by J. Hilton Thompson, M.B. Vict., late house surgeon.

George C——, aged eighteen years, was admitted on May 20th, 1887. He stated that he had fallen about four feet, in a sitting posture, on to the end of the upright shaft of a smith's hammer, which he described as having entered his seat for a considerable but unknown distance, and requiring some amount of force in its removal, which was accomplished by a fellow-workman. He had very little pain at the time of the accident, and walked about a mile to the infirmary without much trouble.

On examination only some slight bruising was found around the anus, with a little blood-stained mucus. Per rectum nothing was detected. The abdominal walls were quite flaccid. Examination caused no pain. He complained, however, of a slight continuous aching pain just above the pubes. Soon after admission he passed both urine and fæces, the former normal, the latter soft and streaked with blood. Some hours later he passed another motion, with a considerable quantity of clotted blood; the suprapubic pain also became more intense, but the abdominal walls still remained flaccid. The face was very pale, the pulse rather weak, and the extremities cold; but the patient appeared to be in good spirits, answered questions readily, and did not feel unwell. He remained in this condition until midnight, when the abdominal pain became more severe. Symptoms of collapse gradually came on, and he died at 8 A.M.

At the necropsy on the same morning, the peritoneum was everywhere found intensely injected, and in parts presented a thin layer of lymph. There was a marked laceration in the recto-vesical pouch a little to the right of the middle line, which led into a triangular opening in the wall of the rectum, about three inches from the anus; this aperture was triangular, its base measuring one inch and a half, its sides an inch each. At the brim of the pelvis on the right side was a laceration of the peritoneum covering the psoas, with bruising of the subjacent muscle. The mesenteric glands were enlarged and inflamed. The abdominal cavity contained a small quantity of hard fæces; there was also found a piece of cloth corduroy, two inches long and one inch and a half in breadth, corresponding in texture to the patient's trousers and to an aperture in their seat.

The chief points of interest in this case appear to be: the slight amount of shock following so severe an injury to the

abdominal viscera; the few symptoms of peritonitis, which were found to have been very severe; the peculiarity of the lesion; and the presence of the piece of cloth in the abdominal cavity, it having evidently been carried onwards by the end of the hammer shaft.

WORCESTER GENERAL INFIRMARY.

CASE OF COMPOUND DEPRESSED FRACTURE OF SKULL; OPERATION; RECOVERY.

(Under the care of Mr. BUDD.)

WILLIAM K——, aged thirty-five, a coalheaver, was admitted on Oct. 3rd, 1887, with the following history. He had taken a cart-horse out of the shafts, and was passing behind it, when it kicked at a pony, and its hoof, passing clear over the pony's back, hit him on the head. He was unconscious for a few minutes.

On admission at 6 P.M. the patient was collapsed, his extremities being cold, pulse very feeble, and his respiration shallow; but he was quite conscious, and complained of no pain. In the centre of the right frontal region there was a linear wound running from above downwards two inches and a half long. There was practically no bleeding or bruising. Through this wound depressed and bare bone could be felt. At 9 P.M. his condition had improved a good deal, although his right upper eyelid had become swollen and of a dark colour.

Operation.—The head being shaved and strict Listerian precautions used, chloroform was administered, the patient requiring a very small quantity, and an incision was made downwards and outwards, running from a little above the centre of the wound to a point just above the lobe of the right ear. The wound was also prolonged at its lower end for an inch and a half, and the flaps turned back. This exposed the right temporal muscle, torn, and a large area of depressed bone. The muscle being turned back, two or three small loose pieces of bone were removed from the centre and from the anterior end of the wound, and this exposed a piece of dura mater about the size of a sixpence one inch above the eyebrow. With the bone forceps a slightly overhanging piece of bone was removed from the lower edge of the sound bone, and this allowed the depressed fragments to be easily elevated and removed. This showed about half an ounce of blood clot on the surface of the dura mater, which was removed, and that membrane found to be uninjured. A piece of loose bone the size of a shilling in the upper angle of the wound was elevated, but as it was still adherent to the periosteum it was allowed to remain. Slight bleeding from branches of the anterior division of the middle meningeal artery was easily stopped by passing a silk ligature under it, and then tying it. A drainage tube was inserted, and the wound closed with silver sutures. It was then dressed with iodoform and corrosive sublimate wool.

On Oct. 4th the patient presented no symptoms whatever; the wound was dressed, and half the tube removed. Temperature normal; pulse 84; respiration 20. He was kept on liquid food and in a darkened corner of a general ward. On the 5th, at 8 P.M., the temperature went up to 101° F., and the wound was again dressed; but there being no discharge, and the wound looking perfectly healthy, the tube was removed, and the next day the temperature was normal, and remained so, the patient being allowed to eat some fish. On the 9th the sutures were removed, and on the 10th the patient sat up for half a day, being out of bed all day on the 16th, since which date he had been getting about all day, in perfect health.

Oct. 31st.—A depression now occupies the situation of the original wound, and pulsation is observed in it over an area measuring an inch and three-quarters from side to side and two inches from above downwards. Pressure in this situation causes no pain whatever. The vertical limb of the scar measures three and the horizontal limb four inches. Twenty-three pieces of bone were removed, the largest being two inches long and one inch broad, and two others being an inch long and three-quarters of an inch broad, and half an inch long and half an inch wide respectively, the remaining pieces being mere fragments. Careful measurements show that the whole of the area from which bone was removed would be in front of the ascending limb of the fissure of Sylvius, and therefore corresponding to the position of the lower and middle frontal convolutions of the brain.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Removal of Tumour from Female Bladder by Supra-pubic Incision.—Hysterical Hyperpyrexia.—Congenital Absence of Upper Lateral Incisor as a forerunner of Hare-lip and Cleft Palate.

AN ordinary meeting of this Society was held on Nov. 25th, Dr. W. H. Broadbent, F.R.C.P., President, in the chair.

Dr. GIBBONS and Mr. PARKER contributed a case of Tumour (myoma) of the Female Bladder removed by the galvano-cautery through a dilated urethra combined with supra-pubic incision; illustrating, also, the value of the electric light for purposes of exploration of the bladder. The patient was a girl, aged eighteen, of good general health, and the daughter of healthy parents. The earliest symptoms noticed were inability to retain the urine, and pain on making effort to do so. She was treated "for stone in the bladder, but without any relief." When admitted into the Grosvenor Hospital for Women and Children, she was found to have lost all control over the urine, which dribbled away from her; she experienced a dull aching pain in the perineum. There was no blood in the urine at the time. On bimanual examination, a tumour was detected in the bladder; rapid dilatation of the urethra was accomplished with a view to a more accurate examination of this tumour. A week subsequently, the patient being under an anæsthetic, the tumour was removed by means of a galvano-cautery écraseur; the loop of platinum wire was introduced through the urethra, and fitted over the tumour with the aid of the fingers passed into the bladder through a supra-pubic incision which had been previously made for this purpose. When the platinum loop had been fixed round the base of the tumour, it was tightened up and the current turned on. In five minutes the division of the tumour was complete; there was no hæmorrhage during, or subsequently to, the operation. After removal the base of the growth and the interior of the bladder were carefully examined by the eye, a small incandescent electric lamp being introduced for the purpose; the advantages of this method were at once very apparent, for every part of the bladder could in turn be seen. The wound into the bladder was carefully sutured. There were no subsequent bad symptoms. The girl quickly and completely recovered, and has remained well since. In some remarks which followed the paper the authors advocated a supra-pubic incision in similar cases, and recommended the use of the electric light. They also drew attention to the value of carefully suturing the bladder after supra-pubic cystotomy, as materially aiding towards a rapidly successful result.—Mr. CROFT said that the case was a very rare one in so young a female. He concurred in the treatment of the tumour by opening the bladder. He related a case of vesical stone in a boy, employing the suture; on the third day after lithotomy scarlet fever appeared, but, notwithstanding, the sutures held and the bladder healed naturally. Tumours could be removed from the bladder without the aid of sight. Severe cystitis with fetid urine would contra-indicate closure of the bladder.— Dr. BRAXTON HICKS had removed two tumours from the posterior wall of the female bladder by dilatation of the urethra and snaring the tumours, which had each a diameter of one inch and a half, by means of a silver wire. Both cases were malignant. The galvano-cautery would prevent bleeding.—Mr. BUCKSTONE BROWN thought it would be impossible in most cases to make use of light; everything has to be done by the aid of mere touch, which was quite sufficient for all cases. In order to use the cautery it was unnecessary to see exactly what is being done. Straight forceps will, by "quiet" torsion, bring away even the toughest tumour. Phosphatic matter was apt to be deposited on the base of a tumour which had been removed.—Mr. J. H. MORGAN considered that the electric light was not generally useful in the removal of tumours from the bladder in adults. In some cases in children the light would be useful. The drawing of the tumour had the aspect of a papilloma. He did not think the wound closed speedily, and he should not have used a drainage tube in Mr. Parker's case. He would be inclined not to employ the suture.—Mr. BENNETT asked why the supra-pubic incision was employed, for such an operation could hardly be often necessary; what were the exact reasons for this mode of

operation? In the female bladder the necessity for this incision must be extremely rare.—Mr. R. W. PARKER, in reply, said he would only suture a healthy bladder. In Mr. Brown's cases the electric light would be extremely useful after the operation to examine the parts and for employing the actual cautery. The supra-pubic operation was not a serious one in his experience. Mr. Shattock agreed that the tumour was a myoma.—Mr. CROFT said that the notion advanced by Dr. Braxton Hicks that the malignant disease would tend to spread to the edges of the fresh wound was imaginary.

Dr. A. H. CLEMOW read the notes of a case of Hysterical Hyperpyrexia. The patient, a laundrymaid, aged twenty-three, was admitted into the Edinburgh Royal Infirmary, Oct. 22nd, 1883, under the care of Dr. Brackenridge. She was complaining of dizziness and pain in the left side, and presented a purpuric rash upon the lower extremities. The first high temperature (107·8°) was recorded on Nov. 29th, the day following a fright she had received from seeing a man who had lost his eye. At midnight the same night three records were successively taken, the first giving 111°, the second 108°, and the third 98°. At noon on Nov. 30th, a first record gave 110°, a second 99·6°. Taken under both axillæ at the same time, at 4 P.M., the temperature was, right side 108°, left 99·4°; at midnight, right side 98°, left 108°. Dec. 1st, 6 A.M., right 107·2°, left 98·4°; 9 A.M., right 100°, left 98°; 6 P.M., right 108·4°, left 98·8°; 9 P.M., right 99·2° left 108·6°; midnight, right 98·2°, left 105°. Dec. 2nd, 3 A.M., right 97·8°, left 108·4°; 6 A.M., right 107°, left 98·4°; 9 A.M., right 109·2°, left 99·2°; 12 noon, right 99°, left 109·2°; 3 P.M., right 109°, left 99°; 6 P.M., right 110·2°, left 98°; midnight, right 105°, left 98°. Dec. 3rd, 3 A.M., right 109°, left 98°; 9 A.M., right 98·8°, left 109·2°. Dec. 4th, 9 A.M., right 99·9°, left 98·4°; 12 noon, right 98°, left 99·2°; 6 P.M., right 108·8°, left 99·8°. On Nov. 30th, several short, but severe, spasms simulating tetanus occurred. On Dec. 1st, apart from persistent headache and nausea, there was a peculiar and constant elevation and depression of the eyelids. There was also a slowed reaction to light of the right pupil, and left internal strabismus. There was throbbing pain at the vertex, increased by pressure, which also was capable of inducing the pseudo-tetanic spasms above described. On the 3rd the spasms were of frequent occurrence, and during their continuance the heart's sounds became muffled, its beats doubled in rapidity, and the pulse at the wrist imperceptible. At night the head was shaved, a blister applied over the vertex, and the patient removed to a private room. A quarter of a grain of eserine was administered hypodermically, which, after an interval of wild delirium, appeared to exercise a soothing effect. On December 4th she was delirious, talking much about her eyes, and spasms were frequent and violent. A marked difference, appreciable to the touch, was noticed in the temperature of the two sides. From December 4th to the 13th she was unconscious, appearing to sleep at times, and occasionally very restless, delirious, and violent. Plantar and patella reflex were absent; there was cutaneous anæsthesia at first, and incontinence of urine and fæces during the greater part of the time. On the 5th the tetanic spasms could be increased in frequency and severity by pressure upon the left side of the abdomen. Consciousness returned on the 13th, and during the next few days control of the bladder and bowel was regained. On the 18th there was a slight relapse, and erythema appeared on the arms, which had vanished next day. On January 3rd the chimney of her room caught fire, the fright causing a return of tetanic symptoms, which had passed off by evening. She now steadily improved till January 12th, when her temperature was 110°; a second record taken immediately afterwards gave 98·4°. She remained under observation till April 1st, improving all the time. She would occasionally exhibit outbursts of temper, and would sometimes remain sulky for two or three days. On one occasion there was a threatening of a return of the symptoms, which soon passed off. She slowly regained her strength, and, although highly sensitive and emotional, was, on leaving, otherwise quite well.—Dr. ORMEROD mentioned a case in a middle-aged woman in which the temperature used to rise in places to 116°; this patient, amongst other nervous symptoms, had delirium.—Mr. BERNARD O'CONNOR asked whether antifebrin was used.—Dr. HALE WHITE had collected all the recorded cases, seventeen in number; he contended that such cases could be explained on physiological knowledge concerning thermic centres in the brain. A German had recently written on the various modes in which deception may be practised. No cases had been observed in males, who could deceive as well as females.—Dr. DAWTREY DREWITT contended that such sudden falls in temperature as occurred in Dr. Clemow's case were physical impossibilities.—Dr. STEPHEN MACKENZIE said the temperature might be taken on the two sides simultaneously, and also by using two thermometers on the same side. This detected the fraud in his own case of hyperpyrexia (120° F.).—Dr. BROADBENT said his attitude was one of suspense of judgment. If the cases were real, and not due to deception, then the thermic centres must literally "blow hot and cold" in the same parts.—Dr. CLEMOW, in reply, said precautions had been taken to prevent deception, but he had himself taken the temperature a few times only; he had not used two thermometers in one axilla. The temperatures were always registered in the axilla.

Mr. R. CLEMENT LUCAS read a paper on the Congenital Absence of an Upper Lateral Incisor Tooth as a Forerunner of Hare-lip and Cleft Palate. He said the tendency of deformities to repeat themselves in succeeding generations, and even to exaggerate their defects, rendered an early recognition of their presence of some professional importance. He alluded to a family history he had published in the Guy's Hospital Reports for 1880, where he had traced eighty descendants of a woman who had supernumerary fingers and toes, and found that 30 per cent. were so affected. A case showing the hereditary tendency in hare-lip and cleft palate had come under his care in August of this year. A woman who had been successfully operated upon married, and had six children. The second child and the sixth presented the same deformity as the mother, the others escaping. The object of this paper was not, however, to discuss the repetition of pronounced deformities, but to show the danger of a deformity partially developed and likely to pass unobserved. He wished to point out (what he did not think had hitherto been described) that the congenital absence of an upper lateral incisor tooth may foretell the probability of cleft palate and hare-lip in a succeeding generation. He had been most careful to exclude any possibility of error through decay or extraction of the tooth in question. He illustrated his paper with three cases. The first, a man with congenital absence of the lateral incisor on the left side, had a daughter presenting precisely the same defect. The second, a woman aged twenty-five, who had a congenital absence of the right upper lateral incisor, brought her fifth child with right hare-lip. The third, a woman aged twenty-three, having congenital absence of the left upper lateral incisor, brought her first child suffering from hare-lip and cleft palate on the left side. His observations were few, and had extended over ten years, but the association of these defects was too remarkable to go unrelated. Had he been able to examine both parents, which was seldom possible in hospital practice, it is probable he might have collected more cases. Now that attention had been drawn to the observation, it was likely that more cases would be collected. The author held the following deductions to be irrefragable: That the congenital absence of an upper lateral incisor tooth resulting from an arrest of development is to be regarded as a malformation closely related to hare-lip and cleft palate, and capable of transmitting each or both of these deformities to a succeeding generation.—A Dental Member said that absence of the lateral incisor was of very common occurrence.—To this Mr. CLEMENT LUCAS replied that the frequency of the loss was not an explanation of the absence of the tooth.

MEDICAL SOCIETY OF LONDON.

Radical Cure of Hernia.—Hysterical Tremor and Contracture.—Persistent Branchial Cleft.—New Form of Truss.—Myxœdema.—Dizziness.—Plastic Operation for Ectropion.

THE meeting of this Society on Nov. 28th was a "clinical evening," and many cases of interest were shown. The chair was taken by the President, Dr. J. Hughlings Jackson, F.R.S.

Mr. BOWREMAN JESSETT read notes of two cases of Radical Cure of Hernia. The first case was a man aged fifty-seven, a beadle, who had a double scrotal rupture for twenty years. An incision two inches in length was made over the external abdominal ring, the sac was exposed and separated from the surrounding structures as high as the internal ring; it was then opened and some omental adhesions detached. The neck of the sac was twisted and tied with a ligature of silkworm gut, which was first made to transfix it, in order to

prevent the possibility of slipping. The body of the sac was cut off and the ligatured stump fixed in the external ring, the pillars of which were sutured together. This served the double purpose of effectually plugging the ring and of preventing the possibility of the stump retracting from the ligature around it. The same procedure was carried out on the opposite side, and the patient made a speedy recovery, being enabled to return to his work, wearing a light truss as a support. The second case was one of large femoral hernia in a woman of six months' standing. The sac was exposed, a large mass of omentum removed, and its stump returned to the abdomen. The body of the sac was then detached, the neck twisted, transfixed, ligatured, and fastened in the crural opening. The method was advocated as being less painful and dangerous than that adopted by Mr. Wood, and preferable to obliterating the sac by the injection of irritant fluids. The importance of detaching the sac as high as possible, of opening it before applying a ligature, and of fastening the stump in the wound, was insisted on.—Mr. BERNARD PITTS said that in two of the cases he had operated on there was a tendency to relapse. After operation patients were enabled to wear a truss with greater comfort.—Mr. WALSHAM had operated on many cases, but had only had one relapse, a case of large umbilical rupture. He advocated entire closure of the pillars by suture as being preferable to blocking the ring with the pedicle.

Dr. ORMEROD showed a woman, aged twenty-nine, who was suffering from Hysterical Tremor of the Hands, with tonic contracture of the flexors of the fingers and toes. The illness commenced fifteen months previously, the patient having then rheumatic fever. The tremor, which developed after a fit and had lasted six months, consisted chiefly in an up-and-down movement of the wrists and forearms; it was more marked during attempts to use the hands, and was very slight during sleep. The contracture existed two months, developing first in the left hand after a fit, and in ten days spread to the right hand and both feet. The thumbs were unaffected; the toes were clenched, like the fingers, rendering walking difficult. She had been treated by tonics, faradisation, and static electricity.

Mr. W. PYE exhibited a case of Symmetrical Branchial Fistulæ in a child nine months old. One of the openings he had proved by probing to lead into the lower part of the pharynx; the other, he suspected, did so also. The only other abnormality noticed was a trifling arrest of development of the mid-phalanx of each little finger.—Mr. PICK referred to a case in which a patient, his mother, aunt, and two sisters all had branchial fistulæ. The application of the actual cautery would not bring about occlusion of them.

Mr. PYE likewise demonstrated the application of a New Form of Truss, which took its bearing on the pubic bone. Anteriorly and laterally it was made of a band of gun-metal, which could be easily moulded by the patient; behind it was completed by a broad elastic webbing.

Dr. SAVILL brought forward the case of a man, aged thirty, the subject of Myxœdema. He presented the expressionless aspect, scanty hair, slow and feeble movements, great susceptibility to cold, and subnormal temperature characteristic of the disease; in addition he had complete loss of memory. The quantity of urine per diem, specific gravity, and amount of urea were all below normal, the latter markedly so; there was no albumen. Soon after coming under observation he had profuse hæmorrhage, apparently from the prostate gland. There was no paralysis, and common sensation, though much delayed, was otherwise good. The power of comprehension and reasoning were fair, but volition was feeble. He was not emotional or melancholic, and had no definite delusions. The pulse tracing showed a low tension, and there was neither enlargement nor appreciable atrophy of the thyroid gland. The disease was sufficiently rare in the male to make this example of interest; Dr. Savill was aware of only nineteen recorded cases, or 13·5 per cent. of all those published. Slowness of all the mental processes was a usual condition of the disease, and some cases had shown signs of insanity in the latter stages, but he was not aware that loss of memory had been so marked and isolated a feature as in the case he described. Hæmorrhage might now be regarded as one of the symptoms of the disease; the slight irritation of catheterism seemed to have determined its seat in the present instance.

Dr. C. E. BREVOR showed a woman, aged fifty-three, who was suffering either from Myxœdema or from Stagnant Œdema after Erysipelas. She had been under the care of Dr. Gowers for the effects of a blow on the right side of the head from being thrown against the wheel of a bathing machine, inflicted seven years ago. She had no weakness or paralysis at the time, but complained of pain in the right side of her head and body. Six months afterwards she had œdema of the eyes, and four years later still an attack of erysipelas. The puffiness of the eyelids had increased of late and she had become more feeble. The face was pale, the cheeks high coloured, the expression mournful, the skin slightly dry, the speech slow and monotonous, and her general condition one of mental hebetude. She felt the cold, her hair had come out, and she had lost several teeth.—Dr. FELIX SEMON and Dr. BRISTOWE considered the second case to be one of "stable œdema" after erysipelas.

Dr. HERRINGHAM exhibited a man, aged twenty-nine, who for two years had had Dizziness on throwing his head back. As long as his head was level he felt nothing, but he had on two occasions fallen backwards when inadvertently looking upwards, and had to give up being shaved owing to a feeling, when his head was laid back, that the ceiling was coming upon him. He had occasional vertical pain in the head for about three years, and for two months continual nausea and vomiting; there was no optic neuritis or paralysis, nor had there ever been any convulsion; the knee jerks were rather brisker than usual, and there was a tendency to ankle clonus. A cerebellar tumour was suggested to explain the symptoms.—Dr. HUGHLINGS JACKSON referred to a case in which pressure on a diseased ear caused sickness, with movements of the eyes towards the same side.—Mr. JAMES BLACK advocated the administration of quinine combined with hydrobromic acid.

Mr. SPENCER WATSON showed a case of Ectropion which had been treated by a plastic operation. The ectropion had followed the contraction of a lupoid scar on the cheek. A flap was dissected from the temporo-malar region, and placed in the gap left by dissecting up the lower lid, and the result was excellent.

OBSTETRICAL SOCIETY OF LONDON.

A SPECIAL MEETING of this Society was held on Wednesday, Nov. 23rd (Dr. John Williams, President, in the chair), for the discussion of the treatment of extra-uterine gestation during the latter months of pregnancy.

A paper was read by Dr. Herman on Delivery by the Vagina in Extra-uterine Gestation. The author said that no general rules could be applied alike to all cases of extra-uterine gestation and at all periods of their history. Different cases required different treatment, and individual cases required different treatment at different periods in their history. The object of the paper was to consider in what cases and at what time an extra-uterine gestation cyst might with advantage be emptied through the vagina. The author first related a case under his own care. The patient was forty years of age. The extra-uterine pregnancy was preceded by a long period of sterility. Symptoms like those of rupture of the sac occurred at about two months' pregnancy. Fœtal movements ceased at eight months' pregnancy. At nine months spurious labour pains occurred, and lasted nearly a month, and these labour pains were accompanied by spontaneous dilatation of the cervix. Then the pains went off, the breasts diminished in size, and the cervix contracted. To attain certainty as to the diagnosis, the cervix was subsequently dilated, and this dilatation was followed by febrile disturbance. The cyst was then opened per vaginam, the child removed, and the cyst frequently washed out with carbolic solution. The placenta came away on the sixteenth day. Two months and a half afterwards the cyst had completely closed. The author had collected thirty-three cases in which an extra-uterine gestation cyst had been emptied by the vagina, and from an examination of them he drew the following conclusions: 1. The operation of opening an extra-uterine gestation sac by the vagina early in pregnancy, before rupture has taken place, by the cautery knife or otherwise, is a dangerous and unscientific proceeding. Abdominal section ought always to be preferred to this. 2. Soon after rupture has taken place, when interference is called for to arrest hæmorrhage, abdominal section is more likely to succeed than vaginal. 3. When rupture has taken place, and the effusion of blood is followed by pyrexia, the indications for incision of the vagina are the same as those in hæmatocele from any other cause. 4. At, or soon after, full

term, before suppuration has taken place, there may be conditions which indicate delivery by the vagina as preferable to abdominal section. These are, 5, when the fœtus is presenting with the head, breech, or feet, so that it can be extracted without altering its position, and, 6, when it is quite certain, from the thinness of the structures separating the presenting part from the vaginal canal, that the placenta is not implanted on this part of the sac, and it is not certain that the placenta is not implanted on the anterior abdominal wall. 7. If the child cannot be delivered by the vagina without being turned, abdominal section should be performed. 8. No attempt should be made to remove the placenta. 9. The after-treatment should consist in frequent washing out of the sac. 10. After suppuration has taken place, the spontaneous opening of the sac into the vagina is one of its more favourable terminations.

A paper was then read by Dr. CHAMPNEYS on Primary Laparotomy (that is, Abdominal Section in the Latter Half of Pregnancy, the Child being alive) in cases of Extra-uterine Gestation. The operation was performed in the seventh month of pregnancy for persistent and increasing pain and orthopnœa. The placenta was left; drainage was attempted, but the wound could not be kept open. The decidua was discharged on the twenty-fourth day. All went well till the thirty-second day, when symptoms of the separation of the placenta began, and the patient died, with symptoms of septic intoxication, eleven weeks and a half after operation. Post mortem the placenta was found detached; no hæmorrhage of importance had taken place; it lay in a nest of intestines and adjacent organs.

Dr. JOHN WILLIAMS then related a case of Extra-uterine Pregnancy, in which abdominal section was performed during the life of the fœtus at the thirty-fifth week of gestation. The patient was thirty years of age, and had had one child nine years before. She was admitted into University College Hospital when about four months pregnant. For six months she had suffered from almost continuous hæmorrhage, but this ceased about the time that conception took place. She then suffered from attacks of pain in the right iliac fossa, and when pregnancy had advanced into the fourth month she had severe pain in that place, hæmorrhage from the uterus, and general peritonitis. A decidual membrane was also expelled. When admitted into hospital in February, 1885, she was suffering from peritonitis. She remained in hospital till August. The growth of the cyst and of the placenta was observed and described. In the thirty-fifth week the abdomen was opened and a living child removed; the placenta was left. The subsequent progress of the case towards recovery was detailed.

Mr. DORAN showed specimens which illustrated the changes which the placenta underwent after term, and he related a case under his care. The patient menstruated for the last time in April, 1885. In January, 1886, labour pains and metrorrhagia occurred. Diagnosis was uncertain for several reasons. In April, 1886, an exploratory operation was performed. A very malignant-looking tumour was exposed, dark-red in colour, and on plunging in a trocar no fluid escaped. Believing that the tumour was malignant, Mr. Doran proceeded at once to remove it, lest fatal hæmorrhage should occur before its vessels could be secured. In raising the tumour it burst posteriorly, and a large fœtus escaped. A clamp was passed round the base of the tumour, and it was cut away. The patient died, probably owing to injury to the intestine. The dark-red mass in the front proved to be placenta hypertrophied and much altered.

Mr. KNOWSELY THORNTON was happy to be able to agree in the main with the propositions formulated by Dr. Herman; with the first and second he entirely agreed. He thought that the third was hardly precise enough, as there might be great differences of opinion as to the treatment of hæmatocele under such conditions; he should be strongly in favour of abdominal section. He did not know the grounds Dr. Herman had for believing in the absorption of the fœtus, but he knew from clinical observation that the blood effused in these cases was not readily absorbed, absorption being very different to that with which we are familiar in large fresh outpourings of blood such as hæmatoceles. As to the question of operation through the vaginal wall, he doubted whether in most cases the diagnosis could be as easily made as Dr. Herman would lead one to suppose, and he did not think the risk of injuring a coil of intestine was a small one, though this was not mentioned by Dr. Herman. He thought that, with the present means of controlling hæmorrhage, the possibility of the placenta being situated on the abdominal wall need not be such an alarming complication of abdominal section as to influence the choice of operation. Passing to Dr. Champneys' case, he would say that the whole question of primary laparotomy hinged on perfect diagnosis, and, knowing how often there was something wrong with the child in these cases, he would disregard it altogether and simply consider the mother, and urge that operation should follow at once on certain diagnosis. The whole difficulty was in making such certain diagnosis. He could not understand Dr. Champneys' treatment of the placenta. If it was left, there ought to be certainty of asepsis (very difficult to attain in these cases), or an opening should be kept till the placenta was discharged. Dr. Champneys knew it was attached to intestines, the very situation of all others in which it was likely to become septic or a source of danger. His own cases on the table were mostly excluded, owing to the restriction of the debate to a certain class of cases.

Dr. W. S. GRIFFITH showed a series of specimens from St. Bartholomew's Hospital museum, and also a six months' fœtus, removed by Dr. Godson by vaginal incision about ten days after the death of the fœtus. The head presented at the posterior vaginal fornix, and was delivered by craniotomy. The placenta was detruded on the sixth day and removed. There was no hæmorrhage at or after the operation. The parts were kept aseptic by frequent irrigation and iodoform, and the patient left the hospital within three weeks after the operation.

The PRESIDENT said that hitherto the difficulties in the treatment by laparotomy of extra-uterine pregnancy while the fœtus was alive had been the risk of septicæmia and of hæmorrhage. Antiseptics had greatly reduced the former, and the danger of hæmorrhage, in so far as was known, remained the same. Hæmorrhage was of two kinds, one occurring during the operation from injury to the placenta, and the other after the operation from separation of the placenta. Further observations might enable us to diagnose the presence or absence of the placenta on the anterior abdominal wall, and to avoid it in performing the operation. The danger from the second form occurred in the same degree after the death of the fœtus, and no safe way of dealing with it was known. The power of diagnosing the placental site would contribute greatly to the more successful treatment of these cases.

Mr. LAWSON TAIT regretted the restriction of the debate to a certain class of cases only. He felt that little was left for discussion. There were three points about which something might be said. The first was as to the fear of meddling with the placenta, and he entirely agreed with what had fallen from Mr. Knowsley Thornton, and differed from the remark made by the President, that with our modern appliances we had no need to fear hæmorrhage. Mr. Tait had recently operated on a case in which the placenta had to a large extent left the ruptured Fallopian tube and obtained attachment to the posterior wall of the uterus and some coils of intestine. When disturbed, pretty free arterial hæmorrhage took place. The stripping of the placenta was proceeded with as far as necessary, the bleeding points were touched with solid perchloride of iron, and no more hæmorrhage was heard of, and the patient made a good recovery. The next point of interest was the growth of the placenta after the death of the fœtus. Mr. Tait used to disbelieve that this growth occurred, but there could be now no question that it did so in a large number of these cases. This being so, what was the use of destroying the fœtus by electricity, as the placenta continued to grow, and it was not the fœtus that was a source of danger, but the placenta? The third point was the difficulty of diagnosis, and his experience was precisely that of Mr. Thornton, but he never allowed any uncertainty to stand in the way of trying to save his patient, and he in doubtful cases opened the abdomen.

Dr. GALABIN and Dr. GRAILY HEWITT made some remarks, and then Dr. HERMAN, in reply, said that it was impossible to adduce evidence that absorption of the fœtus and effused blood took place, because such cases recovered. He thought that many cases of pelvic hæmatocele that ended in recovery were probably due to unsuspected extra-uterine gestation. Leopold had made some experiments on animals that supported this opinion. He opened the uterus in animals a little way advanced in pregnancy and turned the embryos into the peritoneal cavity. He found that they were absorbed. Dr. Herman was inclined to agree with Mr. Thornton, that if a

hæmatocele required opening, it was better to open it by the abdomen than by the vagina, unless the latter course was specially indicated. He did not think there was difficulty in recognising the fœtal head when it occupied Douglas's pouch and the placenta did not intervene. The sutures could often be felt, and then there need be no fear of wounding the intestine. The condition of the placenta was of great importance. There were two kinds of placentæ met with in extra-uterine gestation. One kind was thin and spread out, having extensive attachments difficult of complete removal, and much more difficult at term than at the fourth month, as in Mr. Tait's case. There were others in which the placenta formed a thick solid mass, and in this kind the vascular attachments to the maternal structures were much less extensive, and the placenta could be removed without great difficulty. He had exhibited such a one to the Society which he had successfully removed quite easily. The placenta shown of Dr. Champneys' case was similar, and he gathered that it was so loose that it might have been removed. Mr. Thornton had exhibited another, Mr. Doran's was another instance, and there was another in the museum of the Royal College of Surgeons. Judging from the cases at present known to him, he thought this placental growth took place after the death of the fœtus. It would help greatly in treatment if we could diagnose the condition of the placenta before operation.

Dr. CHAMPNEYS, in reply to Mr. Thornton, said that both the paper and abstract plainly stated that, with the exception of four transient rises of temperature during the first six days, the temperature was normal, and the patient remained well for thirty-three days. He thought this was evidence that the operation was aseptic. Mr. Thornton had said that the author should not have allowed the wound to close. As a fact, he had done his best to prevent it. He left the cord hanging out, and put two large drainage tubes in. When the cord became adherent to surrounding parts, and the drainage tubes absolutely blocked by organised lymph, he felt powerless to prevent it. In Dr. Braithwaite's case the placenta never came away, and in other cases the placenta has not only lived but grown after the death of the fœtus, and he did not know why the placenta in his case should not do the same if kept aseptic, which he had no doubt it was. In another case he would act as he had done in this, except that he should operate a second time if need be, and try to remove the placenta. He had pointed out that in several respects his case was unique, and thus he was deprived of the guidance of other cases.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

A MEETING of this Society was held on Nov. 22nd at University College. The following papers were read and discussed.

Dr. MOTT showed Microscopical Sections and Microphotos to illustrate the shape and size of the cells of Clarke's column in the dog, monkey, and man. He pointed out that by making vertical as well as transverse sections he had been enabled to determine the size of these cells and their connexions. The cells were either distinctly bipolar or vesicular, with large and distinct axis cylinders and processes. The long axis of the cell was placed vertically, and the cells were connected below with fibres of the postero-external column, and above by fibres, which in vertical sections could be traced outwards and upwards to the direct cerebellar tract. This point was further supported by numerous pathological specimens which showed degeneration of either of the upper or lower segments of nerve fibres, according to the position of compression, in relation to Clarke's column. Dr. Alexander Hill commented upon the measurements of the cells given by Dr. Mott, and said the anterior vesicular columns were the first to develop, whilst Clarke's column came later.—Professor STEWART asked some questions, and Dr. MOTT replied.

Professor WINDLE then read a paper upon the Arteries forming the Circle of Willis. Two hundred cases were examined, and abnormalities found in eighty-one. The anterior communicating artery was often double; once three were found. Occasionally a third anterior cerebral artery (arteria cerebralis anterior media) was present, and came from the anterior communicating. Twice one of the anterior cerebral arteries was absent in the right side. The commonest abnormality of the posterior cerebral arteries was their origin from the basilar. On the whole, the blood-supply of the left side of the brain was less complete than the right; also the absence or diminution of the left posterior communicating artery might help to explain the lodging of embolism in the left middle cerebral arteries.—Mr. BLACK mentioned a case in which the internal carotid artery made a complete bend before entering the skull.—Professor MACALISTER mentioned cases of divided basilar arteries, and said that the evidence went to show that all median arteries were formed by fusion.

Professor Sir WM. TURNER, F.R.S., then communicated a paper by Mr. R. Howden upon the Variations in the Hippocampus Major and Eminentia Collateralis in the Human Brain. The paper was illustrated with numerous drawings and casts of brains, and went to show that the usual position of the eminentia collateralis was sometimes occupied by a depression, or that the eminence might extend down the middle horn of the ventricle. When the hippocampus major was small its fissure had little depth, but, as a rule, the direction of the various fissures, and not their depth, determined the prominence of the elevations caused by them in the interior of the brain.

Professor Sir WM. TURNER also communicated a paper by Mr. David Hepburn upon a Needle in the Spinal Canal transfixing the Roots of the Spinal Nerves. The paper was accompanied by a specimen, and it was probable that the needle, which was really an inch and a half long, had been in the spinal canal some time.

The following specimens were then shown and demonstrated:—1. Methods of preparation, preservation, and mounting: (*a*) mounting of certain dried preparations; (*b*) moist method for dissections and museum preparations; (*c*) method of preparing the brain (Professor Struthers). 2. Specimens of (*a*) Rider's bone; (*b*) series of specimens of permanently separated acromion process, simulating fracture; (*c*) series of preparations of the variety in which the right subclavian artery arises last from the arch of the aorta (Professor Struthers). 3. The lungs in *situs inversus* (Professor Thane). 4. Separation of acromial and coracoid epiphyses (Professor Curnow).

It was announced that the next meeting would be held in February, at King's College.

ÆSCULAPIAN SOCIETY.

A MEETING of this Society was held on Friday, Oct. 21st, Dr. J. F. Woodroffe, President, in the chair.

Dr. ALEXANDER MORISON read a paper on the Mechanism of Cyanosis, including a synopis of seventy-five collected cases of cardiac malformation. This paper was the sequel of one read before the Society on Feb. 18th on the case of a child, aged seven years, in whom fatal cyanosis was found on post-mortem examination to have been associated with the following physical condition. The ductus arteriosus was closed, the pulmonary artery narrowed to an eighth of an inch, the septum ventriculorum imperfect at its base, the aorta arising at this point from both ventricles. Cyanosis was present from birth, and had become most marked during the last two years. It was attended with severe attacks of dyspnœa. Dr. Morison regarded the state of the ductus arteriosus in relation to the pulmonary artery as most important. The former channel was open in forty-six of his collected cases, closed in eighteen, and doubtful in the rest. He found that in the first group cyanosis appeared earlier, and the duration of life was shorter than in the second. As regards the mechanism of cyanosis, he considered the chief though not the only agency at work was a diminution of the aspiration exercised by the lungs.

Dr. JOSEPH W. HUNT read notes of a case of Cerebral Syphilis. J. C —, male, aged thirty-six, had partial right hemiplegia and pain along the left side of the head. Later the left third nerve was paralysed. There was atrophy of the left optic disc (the patient had only one eye). Subsequently, aphasia, with right facial paralysis, appeared. The intellect was impaired. All symptoms, except the optic atrophy and in some degree the left ocular paralysis, disappeared under large doses of iodide of potassium. The diagnosis was: basal gumma pressing on the left third nerve and crus cerebri, afterwards involving the region of the pons Varolii. The exact significance of the aphasia, mental weakness and optic atrophy, however, remained somewhat doubtful.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

A MEETING of the above Society was held on Oct. 13th, Dr. G. H. Hume, President, in the chair.

The Honorary Secretary, Dr. OLIVER, read the annual report of the past year, which was highly satisfactory, both as regards the finances of, and the number of members in, the Society—the latter being 163.

Dr. MURPHY exhibited a patient upon whom he had performed Gastrostomy by Tillaux's method on Sept. 10th for Cancer of the Œsophagus, and a woman upon whom he had performed Glossectomy for Cancer of the Tongue. Dr. Murphy, in his remarks, drew attention to the rarity of cancer of the tongue in women, a point touched upon by subsequent speakers, as also the period when operation should be performed, the feeling of the President and Dr. Murphy being that so long as pulpy food could be swallowed it was undesirable to operate.

Dr. DRUMMOND exhibited three patients suffering from Locomotor Ataxia, all men. The first had been ill for two years, had suffered much from gastric crises, was now myotic, *but still retained his knee jerk*—a point of great importance, considering the length of time he had been ill. The second patient had paralysis of the third nerve of the eye on one side, with paralysis of the sixth and partial paralysis of the third on the other side; whilst in the third patient, a young man of twenty-three, and who had been ill for four years, the illness had begun with paralysis of the third nerve.—Dr. WATSON of South Stockton raised the question of the relationship of locomotor ataxia to injury, giving particulars of a case which had come under his care.—Dr. DRUMMOND thought that in many of these cases the ataxia preceded the injury.

Mr. PAGE exhibited a Calculus removed from the bladder of a child, aged four years, by the suprapubic method. The incision was made one inch above the pubes; the bladder was not sutured, and within fourteen days the boy left the infirmary quite well. Mr. Page's remarks gave rise to an interesting discussion as to the comparative methods of lithotomy—the lateral and suprapubic. Drs. Hume, Anderson, Murphy, and Flynn took part in the debate.

Dr. MURPHY exhibited a Testicle and a portion of Omentum removed by a man in operating upon himself for strangulated hernia. In spite of the severity of the self-inflicted wounds (the patient was at the time a lunatic), the man made a good recovery, but still remains an inmate of the asylum. The instrument used was a razor.

Dr. OLIVER exhibited a Thoracic Aneurysm which had caused death by pressure upon the trachea. The aneurysm, about the size of a pigeon's egg, arose from the posterior part of the arch of the aorta; it had incorporated itself with the trachea, causing a distinct bulging in the interior of the trachea just above the division into the main bronchi, obliterating almost the calibre of the tube. The patient was admitted suffering from asphyxia, and Mr. Waldy, then house physician, at once performed tracheotomy, inserting a small œsophageal tube past the aneurysm. The patient lived several hours after the operation. During life there was absence of the ordinary physical signs—viz., bruit and dulness on percussion.—Drs. Philipson and Drummond made corroborative remarks.

Mr. RUTHERFORD MORISON exhibited Cystic Ovaries and Tubes removed by Abdominal Section. The patient made an excellent recovery, in spite of the unsatisfactory state of her health immediately prior to the operation, being extremely blanched from severe hæmorrhages.—Dr. OLIVER gave in detail the medical history of the case, and supported Mr. Morison in his remarks upon the diagnosis and treatment.—Dr. MURPHY, who had also been present at the operation, raised the question as to whether the cysts were not of the class described by Rokitansky.

Dr. DRUMMOND showed a specimen of Tumour of the Pons, secondary to Sarcoma of the Jaw, removed by Mr. Morison seven years previously. The tumour was, like the original, a spindle-celled sarcoma.—Dr. GIBSON raised the question as to the propriety of regarding it in the pathological sense as being *really* secondary.

Mr PAGE read a paper on "Ankylosis of the Temporo-Maxillary Joint treated by Excision of the Condyle." The operation had been most successful, the patient having quite regained the power of movement of the jaw.

Dr. OLIVER read a paper on Recent Advances in Gynæcological Medicine; after which Dr. GIBSON followed with remarks of a very valuable character, contrasting the present with the past treatment of uterine disease, and showing that we were entitled to speak of the present mode as an advance upon the latter.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

A MEETING of this Society was held on Oct. 27th, Dr. de Bartolomé, President, in the chair.

Aortic Aneurysm.—Mr. PRIESTLEY showed a specimen of Aneurysm of the Arch of the Aorta bursting into the Trachea, from a patient of Dr. Bartolomé's. He had been a miner and a heavy drinker; no history of syphilis, acute rheumatism, or Bright's disease. Complained only of cough and dyspnœa. Had a double aortic murmur; no area of dulness; no aneurysmal murmur nor pressure symptoms. During a fit of coughing he was suddenly seized with profuse hæmoptysis, and died immediately. Post-mortem: Aortic valves much thickened; aorta undergone calcification; posterior wall had yielded and formed a pouch one inch and a half long, which, pressing on the trachea, had finally burst.

Charcot's Disease of Shoulder.—Mr. RECKLESS introduced this patient, a man aged forty-seven. For eight or nine years he had been the subject of locomotor ataxy. For six months pain had been experienced in the shoulder. He has never had any ataxic symptoms referable to the upper extremity, but when first seen three weeks ago the movements of the left arm were limited to underhand movements. He was markedly ataxic, and was obliged to support himself with his arms whenever he rose from his seat. Patellar reflex was abolished; pupils were extremely contracted, and had the Argyll-Robertson reaction. The left shoulder looked fuller than its fellow; it was flattened under the acromion process, and the finger could be pushed well in under the process. The head of the humerus was plainly visible under the clavicle. On extending and rotating the arm, the head readily slipped into the axilla with a grating noise; it was easily replaced.—Remarks were made by Mr. Garrard and Mr. Atkin.

The Surgical Treatment of Empyema.—Mr. ARTHUR JACKSON read a short paper on this subject, in which he called attention to the method adopted by Ambrose Paré for the management of such cases; how similar it was to the treatment of the present day, and in some particulars almost in advance of it. The various opinions of the great surgical writers, differing as they do on every, or nearly every, essential point, was commented on; and the careful consideration of the results, of interference with the anatomical arrangement of the thoracic cavity by bone forceps, drainage tubes, frequent streams of carbolic acid, and other restless treatment was strongly urged.—The President, Mr. Reckless, Mr. Garrard, Dr. Gwynne, Mr. Pye Smith, Dr. S. Roberts, Mr. Atkin, and Dr. Hargreaves joined in the discussion which followed.

Specimens.—Mr. JACKSON showed a Calculus, removed that day by suprapubic operation. The boy had very crooked legs and distorted pelvis, and the operation performed was indicated as the most suitable. Mr. Jackson also showed a Ruptured Anterior Tibial Artery dissected out, from a case of compound fracture of the leg, followed by gangrene.—Mr. SNELL showed a boy with Dislocation of Lens into Vitreous, of several months' duration. The eye was quiet.

PRIZES FOR ESSAYS ON MEDICO-LEGAL SUBJECTS.—The Medico-legal Society of New York announces the following prizes for original essays on any subject within the domain of Medical Jurisprudence or Forensic Medicine: 1. For the best essay, $100, to be known as the Elliott F. Shepard Prize. 2. For the second best essay, $75. 3. For the third best essay, $50. The prizes to be awarded by a commission, to be named by the president of the Society, which will be hereafter announced. Competition will be limited to active, honorary, and corresponding members of the Society at the time the award is made.

Notices of Books.

Contributions to Clinical and Practical Medicine. By A. T. H. WATERS, M.D., F.R.C.P. Lond., Consulting Physician to the Liverpool Royal Infirmary, late Professor of Medicine in University College, Liverpool. London: J. & A. Churchill. 1887.—We could not notice any book at present more opportunely than this work of Dr. Waters, dealing chiefly with diseases of the chest, and dealing with them as only a physician can who has at once a special aptitude for investigating such cases and a large field of clinical observation and practice. Dr. Waters' authority in such matters is already well known, and the present volume only tends to confirm it. We shall best indicate the nature of the work by giving the title of the chapters:—Chapter 1, Researches on the Temperature in Phthisis and some other Diseases; Chapter 2, Pneumonia (Clinical Lecture); Chapter 3, Bronchitis and other Diseases in the Bronchial Tubes; Chapter 4, On Certain Cases of Lung Disease resembling Acute Phthisis (Clinical Lecture); Chapter 5, On Cancer of the Lungs (Clinical Lecture); Chapter 6, Pleuritic Effusion (Clinical Lecture); Chapter 7, Pleuritic Effusions—their Treatment by Tapping (Clinical Lecture); Chapter 8, Empyema (Abstract of Clinical Lecture); Chapter 9, On Cases of Peri-hepatic Abscess; Chapter 10, On Alpine Winter Climates. The volume ends with a table of 151 cases of pneumonia. It is difficult, and indeed unnecessary, to particularise in commending a work of such great practical value, and which should be a familiar book of reference with practitioners in the great class of common diseases of which it treats. Not the least striking chapter is that on pneumonia. This disease and its treatment have been the subject of much discussion of late years. Few subjects illustrate more strikingly the improvement in medical practice. And few contributions to their illustration are more valuable, or have a firmer basis in experience, than those of Dr. Waters. When we say that of his 151 cases only eleven died we shall have justified these statements. It is still more striking to notice the nature of the eleven fatal cases. No. 7 died from sudden and extensive effusion into the pleura, after convalescence from pneumonia had set in. No. 55 was admitted in a sinking state. No. 81 had evidence of previous phthisis, and a cavity was found in one lung at the necropsy. No. 82 was a woman of worn-out constitution, who sank from excessive diarrhœa. No. 84 had gangrene. No. 109 was admitted in a state of exhaustion, and died within two days. No. 118 was double pneumonia in a very intemperate man, death occurring on the third day after admission. No. 131 was also very intemperate and tubercular. No. 132 was also intemperate. No. 138 was the case of a woman admitted with rheumatic fever with hyperpyrexia. No. 141 died within two days after admission. Such cases and conditions baffle the best treatment; but they do not detract from the significance of 140 recoveries. The favourable tendency of the disease is recognised by Dr. Waters. In no case was venesection used. In twenty cases only was antimony given, and these were twenty of the early number of the series. In the large majority of the cases stimulants (ammonia and brandy) were given. In some cases of debilitated constitution, high temperature, and quick pulse, quinine is considered by Dr. Waters a very valuable agent in pneumonia; externally large mustard and linseed-meal poultices. In every case nutrients are freely allowed. Dr. Waters has seen recovery at nearly eighty years. We have exhausted our space in noticing this important part of the book. But other chapters are deserving of equal attention—notably those on Pleuritic Effusions, and their Treatment, on Cancer of the Lung, on Cases resembling Acute Phthisis, and on Alpine Winter Climates. We advise our readers to study the book for themselves.

Public Health Reports. By Sir JOHN SIMON, K.C.B., F.R.S. Edited by EDWARD SEATON, M.D. Two Volumes. London: J. & A. Churchill.—Few books could be more welcomed by those members of the medical profession and of the public generally, who are interested in the promotion of public health, than these two volumes that have, under the editorship of Dr. Seaton, been issued by the Sanitary Institute of Great Britain. The matter which they embody comes from the pen of a master in his specialty; the writing is always to the point, and often very forcible; and the whole story shows well the steps by which the Public Health Department of the City of London, and later on of the State, was organised and placed on a permanent footing. The work also supplies a great need; for, owing to the small issue of Sir John Simon's annual volumes when he was medical officer to the Privy Council, it has been found impossible by students and others to get access to some of the reports for which there has been great demand. For many years the valuable work on the History and Practice of Vaccination has been out of print, and we are glad to find it reproduced. And when we add that nearly all the principal papers and reports which Sir John Simon contributed during an active career to the subject of public health and preventive medicine are included in the two volumes now published, we shall best have indicated the value which attaches to their issue in the present form. The principles on which Sir John Simon based his teaching and his administration have stood the test of many years' practical experience, and they will at every page be found underlying the advice he has given, whether in relation to our own current preventable diseases, or to those foreign infections which are a source of danger to this country. We would only add that Dr. Seaton has been most successful in his capacity as editor.

The Anatomy of Surgery. By JOHN M'LACHLAN, M.B., M.R.C.S., for some time Demonstrator in the School of Medicine, Edinburgh. Edinburgh: E. & S. Livingstone. 1887.—This work is a great improvement on a former small textbook of Surgical Anatomy written by the same author. It is expressly intended for students preparing for final examinations in Surgery, at which surgical anatomy is required, especially if operations on the dead body form a part (as they always should) of such an examination. Dr. M'Lachlan has now written a very handy manual, clear, precise, and well arranged. The only objections we would make are to the numerals (1) (2) (3) &c., and the letters (*a*) (*b*) (*c*) (*d*) &c., being so freely used as to look like aids to memory rather than facilities of arrangement; and to the title of the book. Notwithstanding the author's special pleading in the preface, we prefer a well-known title like that of Surgical Anatomy to that chosen by Dr. M'Lachlan. The "Anatomy of Surgery" is not justifiable on the same grounds as the titles given to either the "Anatomy of Melancholy" or the "Anatomy of Drunkenness."

Atlas des Maladies de la Peau (Dermatologie et Syphilographie.) Par SILVA ARAUJO, Médecin de la Policlinique Générale (Service des Maladies de la Peau et Syphilis); Membre titulaire de l'Académie Impériale de Médecine. Rio de Janeiro. 1887.—We welcome the first three numbers of this Atlas with great pleasure, and especially at the hands of so earnest and ardent a worker as Dr. Silva Araujo, whose labours on Elephantiasis Arabum and allied affections associated with filariæ are known in this country. This publication is a healthy sign of the earnestness and talent with which dermatology is being studied in a quarter of the globe which cannot but yield valuable results. The text is of much interest, and the adoption of the French language will make the Atlas widely available. The plates (Favus of the Scalp, Tinea Sycosis) are on the whole excellent, but perhaps a little too highly coloured. The third plate consists of phototypes of Elephantiasis Arabum in different stages of cure.

Differential Diagnosis of the Diseases of the Skin, for Students and Practitioners. By CONDICT W. CUTLER, M.S., M.D., Assistant Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-door Department, &c. New York and London: G. P. Putnam's Sons. 1887.—The intention of the author in this neat little volume is to assist the student and practitioner in making a correct diagnosis by setting before him, in tabulated form, the characteristic symptoms of such skin diseases as are most liable to be confounded one with another. The author has had considerable experience in this kind of work, and has already published a "Manual of Differential Medical Diagnosis." The idea is well carried out, and a careful examination of the text shows us that the different points are mostly well selected, and put in as correct a manner as is possible in a work of this kind.

The Asclepiad. No. 16, Vol. IV.—The most important article in this number is the "Clinical History of Scarlet Fever." Dr. Richardson adduces facts to show that scarlet fever occurs not unfrequently during the first and second years of life, and that the mortality of the disease is really greatest during the period of infancy, if by this term we understand from one to five years of age. The influence of meteorological conditions in relation to scarlet fever is considered, and the conclusion is corroborated that the disease most frequently occurs in autumn. The electrical conditions of the atmosphere do not appear to exercise any appreciable influence either on the frequency or on the fatality of scarlet fever. As to the recurrence of this fever, the author tells us that he himself has thrice suffered from undoubted scarlet fever. He discusses the influence of locality on the fatality of scarlet fever, and the relative mortality of scarlet fever compared with other diseases. Many other points are raised in this excellent article, which concludes with a chapter on treatment, wherein is recommended a gargle of deodorising and healing properties, whose chief constituent is peroxide of hydrogen. "The Physiology of Good and Evil" is in the author's own especial vein. We may quote the following sentences: "The scientific reading of the word *evil* includes the acts and impulses of that lower human nature which my Mentor defines as shaped in iniquity and conceived in sin. This is a necessary part of the theory that man, the highest of the living developments, is an evolution from a lower life, and is a continuous evolution towards something more exalted than himself as he now exists." "John Brown and the Brunonian System" is the title of the Biographical section, with a portrait of this worthy, who flourished in the last century. In the "Opuscula Practica" the question is put: "What is the physiological explanation of being in and out of condition?" The answer given is to the effect that "out of condition" depends on the products of chemical action being retained in the body and causing the nervous centres to lose their activity.

A Handbook of Roller Bandaging. By FANNY E. FULLAGAR. Pp. 24. London: Griffith and Co. 1887.—It is stated in the preface that this *brochure* has been published "with a view to rendering the nurse proficient in the mystery of the roller bandage, and to enable her to refresh her knowledge of those details from time to time." It seems well adapted to the latter purpose, but we doubt the possibility of it accomplishing the first. Proficiency in bandaging can only be attained by constant practice. This is, indeed, well laid down in the concluding paragraph of the handbook: "I would urge upon all who really wish to bandage well to keep up their knowledge by making a point of practising it. Many complain that 'they have no one to practise on'; but surely there can be no difficulty in getting some friend who would not mind having a head, arm, or hand bandaged now and then."

The American Journal of Psychology. Edited by G. STANLEY HALL. November, 1887. Vol. I., No. 1. Baltimore: N. Murray.—This new journal has started well. The first paper in its original department is very good and instructive. It is an article on the "Variations of the normal Knee Jerk, and their relation to the activity of the Central Nervous System." Dr. Lombard is to be congratulated on the intelligent manner in which he has carried out his elaborate research, and also for the suggestiveness of his thoughts. The other original articles are good, but of less interest to medical men. The editor and Yuzero Motoro have written on the "Dermal Sensitiveness to Gradual Pressure Changes." Christine Ladd Franklin's article on "A Method for the Experimental Determination of the Horopter" is of much interest and of considerable ingenuity. "The Psycho-Physic Law and Star Magnitudes," from the pen of Dr. Jastrow, is a learned discussion of a high physiological kind. The second department of the volume on psychological literature is copious and very good, as also are the notes which constitute the third section. If this first number is a foretaste of what is to follow, we feel little doubt of the success of the new psychological journal.

The Transactions of the Northumberland and Durham Medical Society.—This Society is evidently doing good work. The cases recorded and papers published in its Transactions are of considerable merit, and the discussions thereon are interesting and instructive. The list of members of the Society is a long one (173) for a provincial association. The president is Dr. Hume, and the hon. secretaries are Dr. Thomas Oliver and Dr. J. D. Farquharson. Dr. David Drummond, Dr. G. H. Philipson, Dr. Hume, Mr. Black, Dr. Limont, Dr. Mantle, Dr. Oliver, and Dr. Murphy are active members of the Society, which discusses every conceivable topic of medical, surgical, or obstetric interest.

Forbidden Fruit for Young Men. By Major SETON CHURCHILL. Jas. Nisbet and Co.—This little book treats a difficult subject in a thoroughly sensible and dignified manner, a deeply religious tone, devoid of all cant, running through every page. No unnecessary details are given. The writer points out that the difference between those who lead a moral life and those who do not is a difference of self-control, not one of feeling. As other and stronger impulses, such as that of self-preservation, are successfully held in check, there can be, he argues, no reason why the sexual passion should not be controlled. He speaks strongly of the cumulative effects of the sin of unchastity, and how it leads in time to an unsatisfying necessity. He deplores the expensive style of living which modern civilisation has brought about, and looks on this as a great bar to early marriage, and thus a great incentive to immorality. Various excellent practical hints as to diet, abstinence from intoxicating liquors, ablutions, exercise, &c., are given.

Analytical Records.

TOKAYER.

(J. PALUGYAY & SONS, PRESSBURG.)

A GENEROUS and very luscious wine, with fine bouquet and delicate flavour. Its alcoholic strength is that of a wine, but in character it more resembles a liqueur. It contained in 100 volumes—

Alcohol	11·60
Residue obtained by drying at 212° F. ...	25·70
Mineral salts	0·46

The alcohol is equal to 20·3 per cent. of proof spirit. The residue is a syrup, which of course cannot be accurately dried. It contains a very large quantity of sugar.

CHATEAU PALUGYAY—VINUM HUNGARIÆ.

(J. PALUGYAY & SONS.)

A generous natural wine of fine flavour and bouquet, and somewhat high alcoholic strength. Tastes and smells cannot

be described in words, but the wine seems to us to resemble some Burgundies. It is certainly unadulterated, sound, and delicate.

Alcohol	13·35
(Equal to 23·4 proof spirit.)	
Residue	2·76
Mineral salts	0·223

TOKAYER WEIN.
(J. PALUGYAY & SONS.)

This may be described as a dry Tokay. It will commend itself to all who appreciate the Tokay flavour, but who cannot stand the extreme sweetness of the other brands.

Alcohol	11·80
(Equal to 20·6 proof spirit.)	
Residue	2·76
Mineral salts	0·21

VIN DU ROI.
(J. PALUGYAY & SONS.)

This wine resembles the last in flavour and bouquet, but is much less sweet. We found in 100 volumes—

Alcohol	12·40
(Equal to 21·7 proof spirit.)	
Residue	11·27
Mineral salts	0·212

FOUNTAIN GROVE—ZINFANDEL.
(LAY CLARKE & CO., SANTA ROSA.)

This is a good, sound, unfortified, and unadulterated wine. Partial analysis gave the following quantities in 100 volumes:—

Alcohol	12·75
(Equal to 22·4 proof spirit.)	
Residue obtained by evaporation at 212° F.	2·77
Mineral salts	0·223

ROWNTREE'S ELECT EXTRACT OF COCOA.
(H. J. ROWNTREE & CO., YORK.)

This is a strong and pure cocoa extract. It contains no added starch or sugar, and is easily soluble, or rather miscible, even with cold water. It is free from acrid taste, and deserves commendation.

SALT REGAL.
(FRITZ & CO., CASTLE-STREET, LIVERPOOL.)

This is a curious preparation, and one upon which we are unable to give a decided opinion. It appears to be an effervescent saline aperient mixture, and it also contains alkaline permanganate, as is shown by the absorption spectrum and by chemical tests. But it also contains some other ingredient, probably belonging to the aromatic series, which gives a broad absorption band and fluoresces when treated with potash.

New Inventions.

BALLIN'S IMPROVED FUR RESPIRATOR.

THIS invention consists of a simple piece of fur lined with Welsh flannel, and it certainly possesses the merit of effectually warming the inspired air, besides being sightly and light. The only objection that occurs to us is in the liability of this material to become laden with dust and other impurities abounding in a fog-laden atmosphere, and the difficulty in ensuring a sufficient amount of cleanliness. At the same time, no respirator is free from such drawbacks, for which the wearers have an obvious remedy. The makers are Maw, Son, and Thompson.

"THE HYGIENIC PROTECTOR UNDER-VEST."

A SPECIMEN of the above article of clothing has been submitted to us for our opinion of its value. Undoubtedly it is of great importance that the lumbar and abdominal regions should be well protected from chills, which are apt to be encountered in such a variable climate as ours. And this end seems to be conveniently and efficiently secured by this under-vest, which, made of the finest wool, is provided with an extra layer at that part which covers the loins and abdomen, and so renders an independent bandage unnecessary. The patentee is Mr. J. S. Wells, Nottingham.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

FRIDAY, NOVEMBER 25TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

THE Council proceeded with the consideration of the case of Mr. Allbutt. At the last sitting of the Council, Mr. Robert Lamb Wallace, appearing for Mr. Allbutt, had concluded his address on behalf of his client.

The PRESIDENT asked what was the wish of the Council as to the admission of strangers during the further progress of the case.

Dr. AQUILLA SMITH said the proper course was that strangers should withdraw, and such explanations as Mr. Muir Mackenzie had to give ought to be reserved for the Council. He moved that strangers should withdraw.

Dr. LEISHMAN seconded the motion. Anything that Mr. Muir Mackenzie might have to say would not be so much in the form of reply as in that of advice.

Sir W. FOSTER said that the Council, who were in the position of a jury, had heard the case of Mr. Allbutt argued in public, and it was only right that the reply to that argument should also be made in public.

Dr. HERON WATSON could not admit that the Council occupied the position of a jury. They were the judges. They had heard a statement of the case made, and required no argument with reference to the arguments which had been laid before them further than that they might require advice upon any legal point in coming to a conclusion with regard to their sentence. He should support Dr. Smith's motion.

Dr. HUMPHRY said the position was this: Arguments in favour of Mr. Allbutt had been laid before them, which arguments would of course go before the public, and it was only right that their own counsel should have an opportunity of answering before the public such of those arguments as he might think right. The case would come imperfectly before the public unless that course was adopted, and it was therefore exceedingly desirable that strangers should be present to hear any reply which Mr. Muir Mackenzie might intend to make.

The motion was put to the Council, and declared to be lost.

Mr. MUIR MACKENZIE then addressed the Council, and in doing so he said he should, subject to any directions he might receive, confine himself simply to his functions as a lawyer, and not attempt to comment upon any questions of fact which had arisen during the inquiry. This matter arose under the 29th section of the Medical Act of 1858, which provided that if any registered medical practitioner should, after due inquiry, be adjudged by the General Council to have been guilty of "infamous conduct" in any professional respect, the General Council might direct the Registrar to erase the name of such medical practitioner from the Register. The matter brought to the attention of the Council in this case was the publication by a registered medical practitioner of a book entitled "The Wife's Handbook," and in the terms of the notice given to Mr. Allbutt it was stated that information had been laid before the Council by which he was charged with having been guilty of "infamous conduct in a professional respect"—viz., that he, being the author of this book, "did print, publish, and publicly sell, or procure to be printed, published, and publicly sold, copies thereof in London and elsewhere at so low a price as to bring such work within the reach of youth of both sexes, to the detriment of public morals." At the very outset of the inquiry a very important question arose, and one upon which there might be a great deal of argument—

viz., whether the publication of a book in this way was "infamous conduct in a professional respect" which came within the cognisance of the Council at all. It might be suggested that it was only the conduct of a medical practitioner towards a patient, or, as had been said, the case of a solicitor towards a client. Any question of that kind as to the competency and the duty of the General Council to judge upon this question was, he thought, fully set at rest by the decision of the Queen's Bench in the case of *ex parte* La Mert, decided in 1863. In that case the question was whether the General Council had jurisdiction to remove the name of a practitioner from the Register for publishing a book which the Council had adjudged to be an immoral and indecent publication. In that case the Council removed the practitioner's name from the Register, and then an application was made to the Queen's Bench for a mandamus to the Council to restore the name to the Register on the ground that they had no jurisdiction to entertain the question. It appeared from La Mert's evidence that he received a letter from the Registrar of the Council communicating a statement committed for their consideration, purporting to show that he had been guilty of "infamous conduct in a professional respect" "in publishing or causing to be published an indecent and unprofessional treatise, entitled 'Self-preservation, a popular treatise on the Cure of Nervous and Physical Debility.'" On receipt of this letter, Mr. La Mert applied to be heard by counsel, but that was refused under the then bye-laws, and he was informed that he would be heard either by himself or his solicitor. He thereupon wrote an answer to the charge, which was laid before the Council, and in the result the Council passed a resolution erasing his name from the Register. It was contended on behalf of the applicant that he had not been guilty of "infamous conduct" in any "professional respect," and further that there had been no due inquiry as to the allegation made against him. Lord Chief Justice Cockburn, in giving the judgment of the Court, said, "We are all agreed that Section 29 of the Act makes the Medical Council the sole judges whether a medical practitioner on the Register has been guilty of 'infamous conduct in any professional respect.' They have decided that the applicant has been guilty of such conduct in respect of the publication of this book. The Legislature, considering them the best judges in such a matter, have left the matter in their arbitrament, and therefore we cannot interfere." The proceedings in that case were initiated precisely as in the present case—namely, by a letter communicating to the Council the publication of a treatise which it was alleged was indecent and unprofessional. The Council under its then procedure erased the name of the practitioner from the Register. The point was taken before the Court that this particular class of offence did not come within Section 29, and the judges, giving the widest interpretation to the section, said it was the intention of Parliament to make the Medical Council the sole judges whether the publication of such a treatise was or was not "infamous conduct in a professional respect." Since that decision there had been certainly one, and he believed other cases, in which the Council had acted upon it, and in the face of that decision he advised the Council that it was not only within their competency, but their bounden duty, to inquire whether in their opinion this treatise was, to use the words quoted in that case, "indecent and unprofessional." As to the advisability of the Council exercising jurisdiction of this kind, he pointed out that since the Act of 1858 the Legislature had, in the only way in which it could, signified its approval of the exercise of this jurisdiction by the Council, for by the Act of 1878 the powers of the Council were extended to the Dentists' Register. The very words of the section were also used in an Act of Parliament passed in 1874, which gave jurisdiction to the Society of Apothecaries to remove licentiates from their body on the same grounds, and if it was thought that the exercise of this domestic jurisdiction was in any way inexpedient, the Legislature had the whole constitution of the Medical Council under its review in 1886, and yet by the Act of that year they did not in any way touch the judicial power which the Council enjoyed. That being so, there was only one question for the Council to determine—which, perhaps, might be subdivided into two parts: whether the practices described as inculcated in Chapter 7 in the publication entitled "The Wife's Handbook" were calculated to promote immorality; and whether Mr. Allbutt, in publishing this book, was guilty of "infamous conduct in a professional respect." That was the sole issue for the Council to determine, taking, of course, the book as a whole. These were questions of fact, and must be decided wholly without reference to any attacks that had been made upon the person who had brought the matter before the Council; and of course it would be remembered that the person on whom those attacks were made was not before the Council, and had had no opportunity of making any statement to controvert them. He should not be so impertinent as to discuss any matter connected with questions of fact dealt with in the work itself, because that was a matter peculiarly and exceptionally within the province of the Council, and one which the Legislature had deputed to them alone as the supreme judges of what was or was not professional misconduct. With reference to the article in the *Fortnightly*, which was written by Mr. Montague Cookson, he said it might be in the recollection of those who read that article that it raised a question open to a great deal of criticism as to whether it was wise to treat such matters in the columns of public journals; that, however, was immaterial, but he would read one passage, and what he thought must be the only passage to which Mr. Wallace would have referred in suggesting that any part of that treatise had any sort of similarity to the book which was now being discussed. The subject of Mr. Cookson's treatise was "The Morality of Married Life," and he said at the end of the paper, after having called attention to the miseries resulting from improvident marriages: "The object of this paper would be greatly misunderstood if it were thought that I intended to propose any panacea for the many ills of the times. My aim is much more simple—namely, to point out that the conditions of our existence are far more elastic than is commonly believed. I hold that this elasticity consists in the limitation of the number of the family by obedience to natural laws, which all may discover and verify if they will, and that such limitation is as much the duty of married persons as the observance of chastity is the duty of those that are unmarried. One of the main wants of the day is, as I conceive, the formation of a sound public opinion on this subject. Once started, it would gather force rapidly, and at last effect a social revolution of the highest importance—a revolution of which the course would not be traced in blood or riot, but in man's moral, intellectual, and material growth. The change cannot take its rise in that quarter where it would yield the most beneficial results—amongst the lowest strata of the English people. It must begin, in the first instance, with those above them, and, indeed, with the most educated of these. Let men co-operate to this end, and the opinions here expressed will soon ripen into a creed, which will be the watchword of no sect or party, will fetter no freedom of thought, but be accepted as God's later teaching to His creatures, and a symbol of common devotion to the welfare of humanity." It was really asking too much of the credulity of the Council to ask them to compare such a passage as that with the passages in the book which Mr. Farrer, in his opening of the case, had read to the Council. Moreover, it was a strange argument to ask the Council to withhold its judgment in this case, in which they were inquiring into the conduct of a medical practitioner under the section of the Act, because the Council had not thought fit to prosecute Mr. Montague Cookson, who was not a member of the profession, for publishing that article.

Strangers were then directed to withdraw. On their readmission,

The PRESIDENT stated that the Council had agreed to the following resolutions:—"That in the opinion of the Council Mr. Henry Arthur Allbutt has committed the offence charged against him—that is to say, of having published and publicly caused to be sold a work entitled 'The Wife's Handbook,' in London and elsewhere, and at so low a price as to bring the work with the reach of the youth of both sexes, to the detriment of public morals. That the offence is, in the opinion of the Council, infamous conduct in a professional respect. That the Registrar be hereby directed to erase the name of Mr. Henry Arthur Allbutt from the Medical Register."

THE CASE OF MR. H. F. PARTRIDGE.

The REGISTRAR stated that Mr. Partridge had been summoned to appear before the Council on that day, but did not appear either in person or by any representative.

Mr. WHEELHOUSE moved, and Dr. MATTHEWS DUNCAN seconded, that the report from the Dental Committee in

regard to this case be received and entered in the Minutes. This motion was agreed to.

Mr. FARRER stated that in this case the Council had on June 2nd, 1886, directed the erasure of Mr. Partridge's qualification and name from the Register. There was an undoubted power in the Council under the Medical Act of 1858 to withdraw names from the Medical Register where all the qualifications had been taken away; but, unfortunately, this by some oversight was not repeated in the Dentists Act. Mr. Partridge subsequently applied for a mandamus to restore him to the Register, and this was granted on June 15th last on the ground that his case had not been decided on the merits of the case. That decision was affirmed on appeal, and Lord Esher, in delivering the judgment of the Court, said that although the mere fact of a person having broken that which he undertook to do with his local authority, and having been in consequence struck off their Register, did not entitle anybody to strike him off the Register without inquiry, yet these facts brought him within the jurisdiction of the Medical Council, and if they were of opinion that what he had done was disgraceful in his professional capacity—and he should say himself that a deliberate and persistent breach of this obligation would be disgraceful conduct, upon which they might come to the conclusion that he had been guilty of disgraceful conduct—then, after giving him the opportunity of being heard before them, they might erase his name from the Register. Lord Esher therefore not only suggested but encouraged, and almost called upon the Council to consider the case on its merits. The Report of the Dental Committee contained the following statement of fact:—

"The name of Henry Francis Partridge, with the qualification of Lic. Den. Surg. R. Coll. Surg. Irel. 1878, was placed on the Dentists' Register on December 20th, 1878. He did not claim registration on account of his having been in practice before the passing of the Dentists Act, and cannot now be registered as having been in practice at the passing of that Act. On July 2nd, 1885, the Royal College of Surgeons in Ireland withdrew or cancelled the diploma granted by them to Partridge, and a letter dated July 4th, 1885, notifying that fact, was addressed by the Secretary of the Council of the Royal College of Surgeons in Ireland to the Registrar of the General Medical Council, and at a meeting of the Executive Committee on July 10th, 1885, it was resolved that the Registrar be directed to make application to the Royal College of Surgeons in Ireland for information as to the cause of withdrawal of the diploma. The President and Council of the Royal College of Surgeons in Ireland withdrew or cancelled the diploma of Mr. Partridge because of his having, in violation of his undertaking given to that College, attracted business by advertising in connexion with the Ladies' Dental Institution, South Kensington. At a meeting of the General Medical Council held on June 2nd, 1886, it was decided as follows:—That the qualification of H. F. Partridge be erased from the Dentists' Register; that the name of the said H. F. Partridge be also erased from the Dentists' Register. The Ordinances of the Royal College of Surgeons in Ireland forbid advertising, and Mr. Partridge, both before his admission to examination for his diploma in Dental Surgery, and again after passing his examination, and before he obtained his diploma, signed a declaration that so long as he held such diploma he would not attract business by advertising or any other practice considered unbecoming by the College, and agreed that his diploma should be cancelled on its being proven that he had done so. Mr. Partridge has broken such pledge by advertising whilst he was still holding the said diploma, and he did so after repeated warnings from the College. And, further, in answer to the first of such warnings, he apologised, and stated that he was willing to comply with the laws of the College. On June 15th, 1887, the High Court of Justice, at the instance of Mr. Partridge, granted a mandamus to the General Medical Council to restore his name to the Register of Dentists. On August 1st, 1887, on appeal by the General Medical Council, such decision was confirmed, and the mandamus directed to issue. The name and qualification of Mr. Partridge have been restored to the Dentists' Register pursuant to such mandamus. Mr. Partridge still continues to advertise."

Mr. PARTRIDGE, though not appearing in person, had sent in a written statement in which he stated that at the time of signing the arbitrary contract imposed upon him—namely, not to advertise—he did not anticipate being visited with blindness, neither did he think any objection would have been taken to his advertising his institution on precisely the same principles as medical men advertised self-supporting homes &c. He denied that his advertisements could be described as "disgraceful." He was at a loss to understand the object of the present inquiry, having thought that the question had been finally settled, and his obligation fulfilled by returning his diploma. He regretted having violated his undertaking with his College, but no other course was open to him. Considering that he had been in the profession for nearly a quarter of a century, long before the Act of Parliament or the Register was ever dreamt of, he thought the treatment to which he had been subjected was exceedingly arbitrary, amounting to persecution.

Mr. FARRER explained that the question before the Council was not that of advertising, but whether Mr. Partridge had behaved disgracefully in violating the undertaking which he gave to the College of Surgeons of Dublin.

The Council then deliberated in private, and on the readmission of strangers,

The PRESIDENT said the Council had agreed to the following resolutions:—"That, in the opinion of the Council, Mr. Henry Francis Partridge has committed the offence charged against him—that is to say, wilfully violated the declaration made and subscribed by him, whereby he declared that as long as he held the diploma in dental surgery of the Royal College of Surgeons of Ireland, he would not attract business by advertising or any other unbecoming practice. That the offence is, in the opinion of the Council, disgraceful conduct in a professional respect. That the Registrar be directed to erase the name of Henry Francis Partridge from the Dentists' Register.

THE APOTHECARIES' SOCIETY AND THEIR DIPLOMA IN PUBLIC HEALTH.

With reference to the motion brought before the Council by Mr. Carter for the registration of the Diploma in Public Health of the Apothecaries' Society of London, upon which it was resolved on the motion of Dr. Heron Watson to take counsel's opinion, Mr. Muir Mackenzie now stated that in his opinion the Apothecaries' Society of London was not a body that could in accordance with the Medical Act (1886) grant a diploma in Public Health.

With the permission of the Council the motion made by Mr. Carter on this subject was withdrawn.

FOREIGN DEGREES.

Dr. HUMPHRY moved the adoption of the report by the Committee on the evidence which should be required in regard to foreign medical diplomas presented for registration by registered medical practitioners. The committee recommended that the Registrar should be authorised to register the several degrees of those applicants who had complied with the requirements of the Council, and that any incomplete applications, when made complete, and also all future applications, should be submitted either to the Council or to the Executive Committee, the results in the latter case to be reported to the next meeting of the Council. The fee to be charged for the registration of superadded foreign degrees should be £2. A number of applications had been received from registered practitioners for the registration of colonial degrees as additional qualifications, but in the opinion of the committee such degrees were not registrable under Section 16 of the Medical Act (1886), which mentioned "foreign" degrees only. They might hereafter become registrable in the future Colonial Register.

Dr. QUAIN seconded the motion, which was agreed to.

The Council then adjourned.

SATURDAY, NOVEMBER 26TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

THE EXPENDITURE OF THE COUNCIL.

Mr. WHEELHOUSE moved that the report from the Income and Expenditure Committee be received and entered on the Minutes.

Dr. HUMPHRY seconded the motion, which was carried.

The report stated that the committee had already in their interim report, dated May 12th, 1887, stated the items of income and expenditure of the Council, and indicated the necessity for a reduction of the expenditure, expressing the opinion that this would be best effected by lessening the expenses attendant upon the meetings of the Council. The committee deferred, however, making any proposal as to the method of effecting that reduction until the report of the Pro-

cedure Committee should have been considered by the Council. By the increase of the number of members of the Executive Committee from six to eight, the total annual expenses of that committee would be increased by about £100. The report continued: "It is hoped that by the addition to the numbers of the Executive Committee, and the increased duties imposed upon it, as well as by the appointment of the Education and the Examination Committees, the transaction of the business of the Council will be facilitated, and the time of the Council will be proportionately saved. Still, it is too soon to express a confidence that the expenses attendant on the meetings of the Council will in the future be materially reduced. Hence, with a view of to some extent reducing the expenses of the meetings of Council, the committee recommend—1. That the allowance to members for travelling expenses should in future be the amount approximately paid by them according to the following tariff, instead of according to the present method of payment. This alteration will affect a saving of about £50 at each meeting of the Council, and a corresponding diminution at each meeting of the Executive Committee and of the English Branch Council.

Table showing Data in regard to Travelling Allowances to Members of Council.

No. of Members.	Place.	Return Ticket.	For what time available.	Suggested Amount to cover Return Fare and Sundry Expenses.	Present Amount allowed.
1	Aberdeen ...	£6 13 6	1 month	£7 7 0	£9 9 0
1	Birmingham ..	1 13 6	1 month	2 2 0	3 3 0
1	Cambridge ...	0 15 10	1 month	1 1 0	2 2 0
1	Dingwall ...	7 10 0	1 month	8 8 0	9 9 0
7	Dublin	4 15 6	1 month	5 5 0	8 8 0
3	Edinburgh ...	5 9 6	1 month	6 6 0	9 9 0
3	Glasgow... ...	5 10 3	1 month	6 6 0	9 9 0
2	Leeds	2 11 6	Unlimited	3 3 0	4 4 0
1	Liverpool ...	2 18 0	Unlimited	3 3 0	4 4 0
1	St. Andrews ...	6 1 9	1 month	7 7 0	9 9 0

2. That any member of a Branch Council residing more than two hundred miles from the place of meeting of the Branch Council shall receive a fee for the day of going to and also for the day of returning from the meeting, in addition to the fee for the day of attendance. 3. That the above tariff for payment of travelling and recommendation for payment of members of Branch Councils should come into operation with the new year. The committee have considered the question of the reduction of the fee paid to each member of the Council for attendance at the meetings of the Council, but, while they feel that the question of the reduction of the fee may arise in the future, they are not prepared, at present, to make a recommendation on the subject. With reference to the recommendation of the Executive Committee of date July 25th, 1887 (Vol. xxiv., p. 354, Clause 4c), that the Registrar's salary be increased by £100 yearly, the committee, having in view the general question of the future expenditure of the Council, are not prepared at present to recommend an increase of more than £50 a year."

Sir W. FOSTER moved the adoption of the report. It was somewhat extraordinary that this motion should not have been made by the chairman of the committee.

Dr. HUMPHRY said he could not the least in the world commend the report to the Council. He was not very proud of his name standing at the head of it. (Hear, hear.) It did so stand because, as chairman, he was bound to submit the results of the committee to the Council, but he should be only too glad if the Council referred the thing back again to the committee. He did not think it was at all an adequate report.

Mr. TEALE having seconded its adoption,

Dr. AQUILLA SMITH moved as an amendment that it be considered paragraph by paragraph.

Dr. QUAIN seconded the amendment, which was put to the Council and lost by eleven votes against ten.

Dr. LEISHMAN then moved a second amendment, "That the report by the Income and Expenditure Committee be referred to that committee for further consideration." His objection to the report as a whole was the small result which seemed to have ensued from the deliberations of the committee. It reminded him of a man who, having been possessed of considerable means, resolved himself into an income and expenditure committee in order to consider how he could best reduce his expenditure, and, after very mature consideration, he came to the conclusion that the only way in which he could diminish it, the excess being some thousands of pounds, was by giving up *The Times* and taking in the *Daily Telegraph*. (Laughter.) The only point in the diminution of expenditure made in the report was in an item in which there was really no excess. It was quite true the travelling allowance to members coming from a distance was in excess of the actual railway fare, but the hotel allowance was considerably less than would be spent without the least extravagance in a good London hotel, and therefore, taking them together, the actual expenditure was about balanced. He had not the slightest objection to diminish this allowance, but there were other directions in which the report might have given useful information. The Council would have done well if they had adopted as their text what their friend Dr. Quain very frequently pressed upon them—viz., that time was money (hear, hear), and if anything was to be done to reduce its expenditure, it would be by an economical and careful expenditure of its time. He thought, looking to the increased number of powers of the Executive Committee, that a second meeting of the Council in the course of the year need only be had recourse to under exceptional circumstances.

Dr. HERON WATSON seconded the amendment.

The amendment having been supported by several members of the Council,

Dr. HUMPHRY thought Dr. Leishman's proposal might be accepted without further discussion. (Hear, hear.)

Dr. HERON WATSON said it would be of great advantage to the committee to hear the remarks of as many members of the Council as possible, so that they might be assisted in coming to a conclusion when they brought up the report.

Dr. QUAIN said that there were many other points that had been brought before the committee, but they were deferred until the results of the suggestions made by the Procedure Committee had been seen. Those points were the diminution of the frequency of the meetings of the Council; that the daily meetings of the Council should be five hours instead of four; that the allowance to members for travelling expenses should be the amount actually paid by them instead of fixed sums as at present; that the fee of five guineas allowed for each day's allowance at meetings should include hotel expenses, whereby a total annual saving of about £500 would be obtained; and that luncheon should no longer be provided at the expense of the Council, whereby a saving of at least £100 a year would be effected. It was also recommended that the General Council's fees should not in any one year exceed £1700. He hoped that, if the Council did not adopt the whole report, they would at any rate accept the second and third recommendations, which were only a matter of justice to the members of the Branch Councils.

Dr. HUMPHRY was very disappointed that the committee had only been able to arrive at results so utterly inadequate to meet the real circumstances. He thought that far too great an amount of money had all along been expended upon the meetings of the Council; money which might have been appropriated in other ways for the benefit of the profession, and not simply put into their own pockets. The expenses of the Council for this year would be about £3000, which was a great deal too much. It must also be remembered that the income would probably not increase, whilst the expenses would be increased by about £1000 annually for the inspection and visitation of examinations, in accordance with the resolution of the Council. He could not see his way to doing away with the November sitting; but, on the other hand, he should be glad to see the payment to members reduced, or even that there should be no payment at all. The Council would then be in a much better condition.

Dr. TUKE agreed that the idea of reducing the number of their meetings was entirely utopian, and that the only way in which they could legitimately reduce the expenditure was by a reduction of the fees paid to members. The fees paid were at once too small and too great: too small, inasmuch as they did not represent in any way the loss which the large proportion of the Council sustained in attending its meetings; and too great, looking to the revenue of the Council. He hoped that the committee would take into consideration whether it would not be a wise and proper method to give up these fees altogether, for any smaller reduction would be ridiculous under the circumstances. He also suggested that it would be a proper thing to recommend that the various corporations who sent repre-

tatives to the Council should be asked to bear some amount of the expenses.

Sir WALTER FOSTER was very glad to see the universal desire for economy that had been developed in the gentlemen representing the corporations. For years past they had been receiving their hundreds a year, but having been overtaken by a sense of their past conduct (laughter) they were now anxious that the profession should reap more benefit from the money that had been obtained from them for registration purposes. He congratulated the Council upon that happier condition of mind, though he was sorry it had come so late. With reference to the fees themselves, he was not acquainted with any body that was not paid that gave the same average attendance that was given at the Council; and there was this advantage in paying members—that it increased their sense of responsibility. He was not, therefore, in favour of absolutely giving up the fees. He was, however, in favour of giving a harder day's work for the money received, and suggested that the Council should sit from 10 A.M. to 1 P.M. and from 1.30 to 6 P.M., for in that way they might reduce the number of Council meetings very considerably, and so reduce the expenses. Another reform that might be introduced was this—that the constituent bodies of the Council should pay their own representatives.

Dr. STRUTHERS thought the £5 5s. a day might be reduced to £3 3s., and that at any rate the meetings might commence an hour earlier.

Mr. MCVAIL supported the suggestion that the Council should meet at ten in the morning, for in that case the business which had extended over five days might have been finished in two.

Mr. MITCHELL BANKS also supported this suggestion. He had no objection in the world to every reasonable cutting down of fees, but he believed the public would not grudge any reasonable expenditure providing they got a proper amount of work.

Dr. HAUGHTON, as a member of the committee, wished to state that the committee did consider a number of the suggestions that had been made, and, amongst others, the most important question raised by Sir Walter Foster, which, he thought, was the real solution of their difficulty—namely, that the corporations and other bodies should pay their own representatives. He should support Dr. Leishman's proposal to send the report back to the committee for further consideration.

Dr. HERON WATSON said if the reduction of fees was deemed to be necessary he would agree to it, but he would rather do away with them altogether. Five guineas a day could in no way represent the loss to gentlemen round that Board, and by doing away with them altogether they would at the same time do away with an allegation—which he regretted to think had again and again been made public in some papers,—that the Council sat there for a long session for the purpose of pocketing a miserable fee. The recommendation that they should sit more than four hours a day was a valuable one, but he could quite understand that to gentlemen residing in London who were members of the Council it was a matter of extreme difficulty to arrange this, and some consideration should be given to their requirements.

The PRESIDENT said there was not a single suggestion made that had not been previously considered, and on which there was not something to say on both sides. He was sure, however, that the discussion had been extremely valuable, and he hoped that through it they might see a way to diminishing the expenses of the Council.

The amendment was then put and agreed to, and on the motion of Dr. QUAIN, Professors Macnamara and Leishmann were added to the committee.

On the motion of Dr. QUAIN the Standing Orders were suspended for the consideration of two of the recommendations in the report with reference to the payment of members of Branch Councils and to the increase in the Registrar's salary.

It was then moved by Sir WALTER FOSTER, seconded by Dr. PETTIGREW, and agreed to: "That any member of a Branch Council whose duty in attending such Branch Council involves absence from home of more than one day, shall receive a fee for each day so occupied." Dr. QUAIN moved that the Registrar's salary be increased by £50 a year, in accordance with the recommendation in the Report, and in doing so called attention to the fact that scarcely a week passed in which the London members were not called upon to act on behalf of the Council. That was a matter that ought to be taken into consideration.

Dr. STRUTHERS moved as an amendment: "That the increase of the Registrar's yearly salary be £100 per annum, as recommended by the Executive Committee."

Dr. BANKS seconded the amendment, which was put to the Council and carried.

It was moved by Dr. PETTIGREW, seconded by Dr. MATTHEWS DUNCAN, and agreed to: "That the nomination by the Scottish Branch Council of Dr. J. Batty Tuke as a member of the Education Committee be approved."

It was moved by Mr. TEALE, seconded by Dr. QUAIN, and agreed to:—"That it be referred to the Executive Committee to consider under what circumstances a registered medical practitioner would render himself liable to the censure of the Council in reference to the employment of unqualified assistants."

It was moved by Dr. STRUTHERS, seconded by Dr. BANKS, and agreed to: "That the opinion of counsel be obtained in regard to Section 21 of the Medical Act (1886), as to whether the person to be examined for the diploma referred to in the section must be a registered practitioner before being admitted to the examination."

The Registrar called attention to the fact that, on the first day of the present session, he had laid on the Council table proof sheets, from 1 to 256, of a general index to vols. i. to xxiii. (inclusive) of the Council's Minutes, which he had for some time had in preparation, and that to these proof sheets he had prefixed a note indicating that they were submitted for the purpose of showing members of the Council the form in which this index is drawn up, and of soliciting from any of the members suggestions for the correction or improvement of the index.

This concluded the business of the Council.

IRISH MEDICAL SCHOOLS AND GRADUATES' ASSOCIATION.

THE autumn general meeting of this Association took place on Wednesday, Nov. 23rd, at 49, Berners-street, London, Sir Thos. Crawford, K.C.B., Director-General, A.M.S., President, in the chair.

The Council reported further proceedings with reference to the exclusion of those holding Irish medical degrees and the higher diplomas of the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland from English hospital appointments.

Professor Yeo, on behalf of the Council, moved (1) that the name of a newly elected member shall not be entered on the roll until the first subscription be paid; and (2) that the second paragraph of Rule 11 be altered, so as to read as follows: "There shall be two other Association dinners each year, at such times and places as the Council may determine."

The Secretaries reported that the number of members in the Association had now reached 515.

A vote of thanks to the President for his assiduous and valuable services to the Association was proposed by Professor Yeo, seconded by Dr. Jones, and carried unanimously. A vote of thanks to the General Apothecaries' Company for the use of their premises was also passed.

In the evening the Association dined at the Holborn Restaurant, Sir Thomas Crawford in the chair, and Sir B. W. Foster, ex-president, as vice-chairman. A telegram was received from Dr. Bridgewater, President of Council of the British Medical Association, regretting his being unable to be present as a guest. After the usual loyal toast, the President proposed "Our Guests," which was responded to in witty and happy terms by Professor Pettigrew, F.R.S., and Dr. M'Vail (Glasgow), members of the General Medical Council. Dr. Macnaughton Jones then proposed the toast, "The Universities and Licensing Bodies," coupling with it the name of Professor MacAlister of Cambridge (President-elect of the Association). The toast of the evening, "The Irish Medical Schools and Graduates' Association," was ably given by Professor Struthers of Aberdeen; and Professor Jacob of Dublin replied. Professor Humphry of Cambridge gave "Our Chairman," in his usual graceful and eloquent way. The proceedings were varied and enlivened by songs, sung by Messrs. Payne and Baly and Dr. Macan.

THE LANCET.

LONDON: SATURDAY, DECEMBER 3, 1887.

IN the last three issues, in the most prominent position of this journal, we have directed attention to a new feature of medical teaching under the seemingly harmless guise of popular literature. We have marked with sorrow and with indignation the action of some even of our personal friends in the profession in lending the authority of their status as qualified medical men to a practice which, however specious or well intended, is at once discreditable to its promoters and injurious to the general public. We refer, of course, to this latest departure in cheap journalism, which aims at instructing each and any reader, without distinction, in the details of disease and its treatment, apparently without regarding the fact that such instruction is in truth illusory, since it must be very partial, and may consequently at any point in its practical application result in serious mischief. We know that it may be contended by the promoters of this work that there are matters with which the physician has to do which also lie within the sphere of domestic management, and may therefore serve him as a text for popular disquisitions. The general truth of this argument no one will dispute, and we do not. There are subjects connected with the hygiene of the nursery, the school room, the kitchen, and the house generally, which are everyone's concern, and which by a natural process inevitably tend to diffuse themselves into the common stock of human knowledge (although it must be remembered that the medical attendant of the family can be consulted on these matters and is fully capable of giving reliable advice). All this we freely allow, and we can well believe that those of our medical brethren who appear for the time being to dissent from us in the present discussion imagine that these round terms describe the true position with regard to this matter. We wish in the most distinct and emphatic manner to warn them that it is not so. It is when we come to the enunciation of details, when we actually view in conjunction the human body and the external influences, healthy and unhealthy, to which it is subject, that the responsibility of using or misusing knowledge is clearly seen. We are then conscious of standing upon a borderland in ethics, ethics not of our profession merely but of the immeasurably wider society of mankind. We then see that it is one thing to expound in public the principle of healthy living, but quite another to assume the office of popular instructor in the treatment of disease. Physical perversion, like moral perversity, can only be effectually reckoned with on intimate acquaintance. It surely follows, accordingly, that those who reason otherwise in practice, and avow that matters of practical therapeutics can be rightly offered to and accepted by an ignorant or partially instructed popular association of readers, are guilty not only of professional impropriety (that is the lesser evil), but of what, in spite of the best intention, remains an offence of the most serious character against the general well-being.

Among the periodicals to which we have referred two have appeared during the past month, both professing to contain articles written upon "Health and Disease" by well-known practitioners in medicine. Another cheap paper which has been in existence some few months, and was originally promoted from philanthropic motives connected with the medical charities of this metropolis, has been slowly drifting into that course which we condemn, and has become the medium of an attempt to popularise medicine. We may add that when this paper first appeared we most cordially approved of the work which it was intended to perform, and testified as much in our columns. It has now, however, changed its sub-title, and has openly avowed its intention to teach the practice of medicine. How much philanthropy has to do with this new departure we must leave others to determine. The literary contents of the paper to which we refer are of the most heterogeneous character. Sermons, discourses on physiology, palmistry, bacteriology, enigmas, fever, food, Ruskin, vaccination, the action of remedies in disease—that hunting ground of adventurous empirics,—serial stories for young people, microbes, puzzles, and acrostics, are blended week by week in one incongruous whole. There is a "pulpit" for the oracles of medicine, a corner for hospital matrons, a children's corner, and a whole page which acts as an advertising handbill, in which, without permission, for they dared not give it, the names, titles, official addresses, and special departments of the staff of almost every hospital in London are cornered, so to speak, in a body—penned, as it were, for selection by a supposed discriminating and astute non-professional public, to the professional injury of all those whose names do not appear in the list—a startling matter indeed. For the paper is not a medical production. True, it contains articles on medicine and surgery, but these are half buried, as we have shown, among puzzles, novels, and songs; and the sum of all this matter presents itself as a means of interesting and instructing—whom? Not "practitioners" merely, but along with them families, parishes, clergy, congregations, and that illimitable body the charitable public. Let the object of this penny paper be what it may, we cannot in duty do less than describe it as a striking presentation of cleverness divorced from wisdom in its endeavour to transfer the solid realities and responsibilities of medical treatment from those who can understand them to those who cannot.

A later issued periodical is one of a like stamp with its fellow, and is, we suspect, an offshoot from the one to which we have just referred. It is younger, smaller, and, as one would naturally expect, is as yet hardly so confident in its advances. Progressing step by step, it but feels its way so far, and babbles somewhat for a serious effort in medical teaching; but it, like its neighbour, bears in front the hard and brazen polish of advertisement, disclaimed and yet allowed, and shines in all the glory of papers contributed or promised by owners of titles conferred by corporate authorities in medicine and surgery, who are thus, without leave asked, assumed as its sponsors. Under this patronage, unwilling though it be, and a lay editorship we find reproduced in a milder form the same congeries of professional information, with children's songs, cookery receipts, remarks on emotion, and infantile jokes. As yet there is little in the way of medical teaching, but this

implies perhaps a greater degree of intellectual development than the venture can at present be said to possess. Doubtless it will come with the stage of ossification of epiphyses, for we are promised rules for guidance in "disease" as well as health.

Another paper to which we desire to draw attention is a modified form of the other two. Its claim for existence is also popular medical teaching, and its proprietor and editor is "a physician," whose identity is, however, a tolerably open secret.

As regards the intrinsic literary qualities of these publications, it might be allowable to take up an attitude of unconcern. We cannot, however, ignore the evil influence which they are calculated to exercise over the wholly unrestricted circle of readers to which they appeal, and which they aim at instructing in the elements, and as much more as possible of the art, of self-healing. It is to be hoped that this scheme to provide advice and medicine, but not medical attendants, for the general public may not incense that large body of medical practitioners whose existence it threatens, and whose livelihood it endangers, to such an extent as to injure that great metropolitan charity whose interests we all have so much at heart by the withdrawal of their support, which has so much contributed to its present success. Nor can we forbear from addressing another appeal to those of our brethren who, from what motive we cannot say, are lending their countenance and freely exposing their fair fame and names in defence of a journalistic scheme alike so prejudicial to the public good and so discreditable to the medical profession. What more can we say than has been said to warn them of the unwisdom of their present proceedings? Out of a sincere conviction that the course they are now pursuing is for them and for all concerned as mischievous as it is professionally unseemly, we have plainly put before them our views in the foregoing remarks. We would again earnestly request them to give these their most careful consideration. Let them be advised, in the common interest of themselves, their profession, and the sick who rely upon their skill, to withdraw their countenance from an undertaking which, if persisted in, must bring discredit and dissatisfaction to all concerned in it. Otherwise it is obvious that the authorities from which they derive their qualifications to practise cannot much longer shut their eyes to a matter so seriously affecting the honour and dignity of the profession.

IN his Morton Lecture Sir JAMES PAGET dealt in his usual felicitous manner with a question which, although not new, is now more full of interest than ever—the nature of cancer. He stated the case for its infectiveness, its dependence upon some specific organism implanting itself in a suitable soil, not only with more confidence, but with more fulness of supporting evidence and eloquence, than had previously been given. He, however, with a true scientific instinct, only formulated his views as a working theory, and by no means contended that the theory must be accepted as demonstrated, or the only one explaining the facts already known to us. The analogy between cancer and some of the specific diseases has been often dwelt upon, and it was a favourite theme of the late CAMPBELL DE MORGAN. But in recent years so many diseases, some of which were not generally recognised as infective, have been proved to be associated with the presence and development of micro-organisms that it is most reasonable to search eagerly for some like cause for cancer. The fact that careful observers like BALLANCE and SHATTOCK have failed to discover any cancer bacillus or cancer microbe of any kind is of the same importance as other negative evidence, and in no way closes the discussion. Indeed, almost while writing the intelligence comes that a German observer believes he has succeeded in recognising a cancer organism. To this matter, however, we refer in another column. Sir JAMES PAGET always states his case so forcibly and so charmingly, that it is difficult to resist the temptation to at once yield to the apparently inevitable and adopt his conclusion. And in this case we doubt not that many of his hearers and readers even went beyond the lecturer, and made up their minds that, as a matter no longer admitting of doubt, cancer is a microbe disease. Among other points which apparently tell against this view is the complicated structure of malignant tumours. When we compare cancer with tubercle, or any other of the undoubtedly infective diseases, we cannot but be struck by the fact that, while in the latter the growth is of the very simplest kind—an irritative hyperplasia of indifferent cells,—in cancer, the cells may be of the simplest, though their arrangement is often most definite. Further, it is noteworthy that, while the structure of a primary cancer is usually, perhaps we might say invariably, largely influenced by that of the tissue in which it grows, the structure of the secondary deposits shows little, if any, of this peculiarity. No doubt these facts may be capable of an explanation in conformity with the theory of the infective nature of cancer. But they are at variance with what we know of other infective diseases. Then, too, the question comes, Are we to believe that every form of malignant tumour recognised by the histologist has its own special microbe? From Sir JAMES PAGET'S allusion to the galls on the oak leaf we imagine that is his view, and that a squamous epithelioma of the anus owns a different cause from that of the columnar epithelioma of the rectum. There is nothing inherently improbable in this. Whatever may be the ultimate answer to the question of the origin of cancer, the important part played in its causation by the condition of the tissue of the part will remain unaffected. Should a cancer-germ be demonstrated, its harmlessness, except in a suitable nidus very specially prepared for its growth, is undoubted; and the discovery will have but little influence on the views now held on the heredity of the disease and other similar points.

Our columns have recently contained many letters on the question of the contagiousness of cancer, and no doubt the view that it is contagious will gain somewhat from the stress now laid upon its probable infective nature. Were its contagiousness proved, that would carry with it the fact of its being an infective disease. But we must say that the evidence in favour of its being contagious is far short of proof. Many of the cases published are probably coincidences; some of them may be shown to be only the similar results of one common cause. It is certain that, if contagious at all, it is so only to a very slight extent, that

all attempts to inoculate it have failed, and that cases appearing to support the view of its contagiousness are quite rare. Stress has been laid upon the instances in which epithelioma of the penis has occurred in the husbands of women with cancer of the uterus; but when we remember the great frequency of carcinoma uteri, it would be strange indeed if among the husbands of so many women some cases of cancer of the penis did not occur. Undoubtedly the evidence in reference to its inoculability must be received with caution, because the most ardent supporters of its infective nature must admit that a suitable nidus is an indispensable condition for the growth of the tumour, and until our experimenters have determined wherein this suitability of the tissues lies, and have tried the results of inoculation upon such suitable tissues, the negative evidence at present forthcoming is by no means conclusive.

We cannot close this article without some reference to Mr. CLAY'S work with Chian turpentine. The interest excited in this treatment by that gentleman's earlier articles has to a very large extent subsided, and the hopes once entertained that at last the cure for cancer had been found have been surrendered as failure after failure with the drug was experienced and reported. But Mr. CLAY has persevered in its use. He recorded last year a case of a gentleman, whom two of the most experienced surgeons in London had pronounced to be the subject of advanced epithelioma of the tongue. Under the Chian turpentine treatment he was cured. And last month we published a further short paper, containing no less than four cases in which the diagnosis of cancer was made by other surgeons, in one case confirmed by microscopic examination of a growth removed. All of these cases were first improved and then cured by Mr. CLAY'S treatment. What can be said of such cases? Were they *all* instances of mistaken diagnosis? If so, they were examples of disease which must in many other instances be mistaken for true cancer, and which ends fatally unless submitted to Chian turpentine. We think that, in spite of the many cases in which the drug has been shown to fail, the extreme importance of the question warrants a careful re-examination of all the evidence Mr. CLAY can produce. Whether this should be done by a committee, as in the case of the Hydrophobia Commission, or by individual observers, or by the staff of the Middlesex Hospital, who have unequalled opportunities of testing the value of Chian turpentine or any other drug for cancer, we are not prepared to state. But surely the matter ought not to be allowed to remain any longer in its present unsettled and unsatisfactory condition.

THE greater part of the time at the disposal of the General Medical Council, during the session which has just terminated, has been devoted to the consideration of the conduct of certain members of the medical and dental professions. The offences with which they have been charged have not been of the same type; they have varied between a serious indiscretion and a misdemeanour. The Medical Council have but one punishment for all offences which are brought to their notice—the removal of the name of the accused from the Register. In all cases where a previous conviction has taken place in a court of law the question of removal admits of no discussion; it is the natural sequence of the conviction. But in a case in which a practitioner is charged with "infamous conduct in a professional respect," the nature of the offence requires the closest consideration. It may well be argued that conduct less open to censure than that which can be regarded as "infamous" deserves the only punishment which the Council are empowered to inflict; that the members of an honourable profession must maintain a higher standard than that which falls short of the description embodied in the Medical Act if they are to be deemed worthy to be enrolled among its members; or in other words, conduct which is not "infamous" may still merit the removal of a name from the Register.

The Council are, however, necessarily guided by the law, and hitherto they have shown no desire to punish offenders beyond its limits. The cases before them during the autumn session have comprised that of a medical man convicted of publishing a false, scandalous, and defamatory libel; another who had been proved in a court of law to have availed himself of his position as medical attendant to create disunion between husband and wife, and to commit adultery; a dentist who had been guilty of persistent advertising, contrary to his distinct and repeated undertaking; the writer of a book of an undesirable nature; and a practitioner who had acted as "cover" to an unqualified assistant. The last placed himself in the hands of the Council, and promised that he would not further offend. It is obvious that no justification can be found for a practice which leaves sick persons solely under the care of unskilled persons, and giving to the latter a fictitious position, which is calculated to mislead those who seek their aid. The Council have dealt leniently with the case, and have decided to accept the assurance that this practice would be discontinued. There cannot, we think, be two opinions that removal from the Register would be well merited by such action, and it may be anticipated that future delinquents will receive a more severe punishment at the hands of the Council. In the remaining cases the General Council had, we think, no alternative but to purge the Register of the names of the offenders. A strenuous appeal was made on behalf of the practitioner accused of publishing a book which was *contra bonos mores*, not only by his counsel, but also by those who sympathise with efforts to limit the growth of population. We need not discuss the larger question under which the defendant sought to shelter himself; the point which the General Council had to decide was whether the character of the work which he published was detrimental to public morality placed as it was within the reach of the youth of both sexes. This, indeed, was their verdict; and the Council had we hold, no option but to regard this conduct as "infamous in a professional respect."

The opinion of counsel has been adverse to the application made by the Society of Apothecaries to grant registrable diplomas in Public Health. The 21st clause of the Medical Act of 1886 enables such diplomas to be granted by any College or Faculty of Physicians or Surgeons, or University, in the United Kingdom, and it is, we presume, held that the Society of Apothecaries does not come within this category The delay is probably but temporary; the Society will, doubtless, appeal to Parliament to remedy this disability, and there is no reason why they should meet with opposition.

The last act of the Council was to adopt the Report of the Committee on the Registration of Foreign Degrees in Medicine. Henceforth, therefore, all foreign degrees in medicine which the General Medical Council are satisfied have been obtained after proper examination will be registered in cases where the holder is already on the Register by virtue of English, Scotch, or Irish qualifications. The effect upon English degree-conferring bodies will probably not immediately be seen, but it is likely that a larger number of practitioners will eventually seek this means of acquiring titular distinction; whether this will be done at the expense of British universities requiring residence, or whether foreign graduates will be recruited from the ranks of metropolitan students who are unwilling to present themselves at the University of London, the future must determine.

Annotations.

"Ne quid nimis."

THE HOSPITAL SUNDAY FUND.

THE meeting of the members of the Council of the Hospital Sunday Fund held at the Mansion House on Monday to receive the report of the Council promises well for the coming year of the Fund. This report, together with the discussion thereon, are printed in full on page 1138. The new Lord Mayor, the Right Hon. P. de Keyser, for the first time took his place in the chair, and was supported by the Lord Bishop of London, Sir Sydney Waterlow, and a very large meeting of the Council. The Lord Mayor gave very hearty expression to his sympathy with the Council, and his desire to imitate his predecessors in doing all that he could to uphold and increase its prosperity. The Bishop of London proposed that Sunday, the 10th of June, should be set apart for the great collection of the year. Besides, the meeting was large and representative of all creeds and classes. In the last fifteen years this Council has been the means of raising well on to half a million of money for the hospitals of London, or an average of £31,572 a year. It is satisfactory to find that the last years have been the best years, and that more was raised in the present year, in spite of the many calls of the Jubilee, than on any previous occasion. In the first four years of the Fund—on the whole, prosperous years—£111,075, were raised; in the last four—years of great depression—£154,656 have been raised—a difference of nearly £40,000. Four per cent. of the sum realised is set apart to purchase surgical appliances in accordance with Law 12. This is a great boon to the lame and the halt and the blind. These appliances include 299 trusses, 238 elastic stockings, 176 pairs of spectacles, 123 surgical boots, 162 spinal supports, 92 surgical boots with irons, 61 leg irons, 45 Martin's bandages, 21 poroplastic jackets, 37 artificial eyes, 37 artificial arms, 24 walking instruments, &c. The Fund is singular in its inexpensiveness, the working expenses only amounting to 4·200 per cent. of the gross receipts. There is still room for ingenuity in devising methods and arguments for the increase of the Fund. There is some reason to hope that the time of starvation of hospitals is coming to a close, and to the generous we would say that no channel more diffusive and discriminating could be chosen for their gifts than the Hospital Sunday Fund.

UNIVERSITY OF ST. ANDREWS: ELECTION OF ASSESSOR.

A KEEN contest is being waged for the above office as between the Right Hon. Viscount Cross, G.C.B., and Dr. John Duncan, M.A., LL.D., Senior Surgeon and Lecturer on Clinical Surgery to the Royal Infirmary of Edinburgh. Viscount Cross represents the interests of the Divinity and Arts Faculties of the University, and Dr. John Duncan the interests of the Science and Medical Faculties. In a general council like that of St. Andrews, where the science and medical graduates so largely preponderate, the result should not be doubtful, the more especially when, as in the present instance, several of the divinity and arts professors favour a scheme by which science and medicine would be virtually transferred to Dundee, and St. Andrews deprived in a good measure of its science and medical chairs, than which nothing could possibly be more disastrous. As is well known, the other Scottish Universities have greatly prospered because of the fostering and developing of their medical and science schools. The medical and science graduates of the St. Andrews General Council have now an opportunity of giving medicine and science in the old University a very substantial lift, and no doubt many will be glad to avail themselves of that opportunity. In politics both candidates are Conservatives, but politics in such appointments are very distinctly contra-indicated. It is well known that the fact of the appearance of Sir R. Cross in the field four years ago was due, not to any wish on the part of his proposer to benefit the University, but simply to capture the votes of a section and throw out Dr. Richardson. The two candidates, Dr. B. W. Richardson and Dr. Cleghorn, had been duly proposed and seconded, and the affair was supposed to be over, when suddenly one of the opponents of Dr. Richardson brought forward Sir R. Cross, for the avowed purpose of affecting the result by the introduction of a political element.

RANK OF ARMY MEDICAL OFFICERS.

WHEN the subject of the abolition of the term "relative rank" was being hotly discussed, we expressed our opinion that the Secretary of State for War might without difficulty devise some measure by which the relative status of the medical officers would be clearly defined and placed beyond the reach of cavil on the part of the few military officers who professed to believe that their military rank had been taken from them by the Royal Warrant of the 1st of January. Mr. Stanhope from the very first declared that the Warrant involved no such change, and that the rights and privileges of the medical officers remained untouched. With a view to put the matter beyond question, he has now intimated to the Royal College of Surgeons of Ireland that "in future, whenever a medical officer's name appears in the *London Gazette*, on appointment or promotion in the department, his corresponding military rank shall be announced, together with his departmental rank." It appears to us that this will place the matter beyond doubt, and that Mr. Stanhope has fully redeemed his pledge that no injury should result to the medical officers from the change in the wording of the Warrant. Of course this mode of dealing with the subject will not give satisfaction to those who, despising their professional status, are anxious to hide it under a title of *honorary* military rank, which they would share with the departments having no such claim as they have to consideration on the grounds of professional attainments and of the risks they incur in common with combatant officers. Such a change would, in our opinion, tend to lower the position of the medical officers. Under the existing system they have secured to them all the substantial advantages enjoyed by officers of the corresponding military ranks, without the assumption of titles which

could hardly fail to give rise to the impression that, instead of being members of a learned profession and scientific corps, they were merely combatant officers.

TOTAL BLINDNESS FROM CORTICAL LESION.

THE experimental researches of Munk and others have demonstrated that the centre for visual perceptions exists in the occipital lobes, and many clinical observations tend to corroborate this conclusion. Nevertheless, much yet requires to be accomplished, both experimentally and clinically, before this region of the brain can be completely mapped out into its functional areas. An interesting observation by Bouveret is published in the current number of the *Lyons Médical* (No. 46). The patient was a man aged seventy-two, who was found holding on to the trunk of a tree, having clearly been overtaken by a cerebral accident. He was able to walk, but with difficulty; his speech was not natural, and he could not give his address. On physical examination by Bouveret one day later, the patient was found not to be febrile; the intelligence was impaired to some degree, but there was no word-deafness. The pupils were moderately dilated, and acted but slightly to light. The man appeared to be totally blind. There was no motor aphasia; memory, however, is said to have been greatly deranged. The motility and sensation appeared to be unaffected; the cranial nerves were healthy; the optic discs were healthy. The urine contained a trace of albumen. There were no signs of valvular heart disease. The man lived for seventeen days after the onset of the brain disease; five days before death slight left hemiplegia, with contracture, appeared, the left arm and leg being affected, but the face not perceptibly. The necropsy demonstrated the existence of atheroma of the cerebral arteries; both posterior cerebral arteries were atheromatous and occluded by grey-red clots of firm consistence, and adherent to the walls of the vessels. In connexion with these arterial obliterations were found two areas of softening, of unequal extent, on the lower and internal aspect of the brain in the occipital region. The softening destroyed the cortical substance on the internal aspect of both occipital lobes. The cuneus was involved on both sides, and a large extent of the under surface of the temporal lobe in front of the calcarine fissure, but more on the right side than the left. The kidneys were the seat of an interstitial change. The left ventricle was very hypertrophied, and two thrombi undergoing softening were found in the heart; and from these, it is thought, emboli were derived which set up the thrombosis in the posterior cerebral arteries.

SMALL-POX AT LEICESTER.

DURING the past few days five cases of small-pox have been discovered at Leicester, all in the same family, the ages of the sufferers ranging from four to eighteen years. The first case was a boy aged seventeen, who on or about the 7th ult. had a very slight eruption, which was thought at the time to be chicken-pox. About twelve days ago—that is, early last week—three others of the family had a similar eruption. All these four had been well vaccinated, and the attack in each case was an abortive one, hence it was not until the youngest child, aged four years, sickened and an unmistakable rash of small-pox showed itself that the true nature of the disease was suspected by the medical attendant. This last patient is unvaccinated, and the attack is a severe confluent one. The origin of the infection has not yet been discovered, no small-pox having existed in the town for some two years. Suspicion points to the father of the present sufferers having brought it from Warwickshire, he being at work there and coming home to his family on Saturdays, but there is as yet no certainty about this, and further inquiries are being made. All the patients were in the hospital within a very short time of the cases coming under the notice of the borough medical officer of health, together with five others of the family who have not yet shown symptoms. These latter are being kept in quarantine. The house where the outbreak occurred and its contents have been thoroughly and efficiently disinfected, and the bedding &c. destroyed.

THE DEATH-RATE IN IRELAND.

THE last published Annual Report of the Registrar-General for Ireland showed that the death-rate in that portion of the United Kingdom in 1886 was 17·9 per 1000 of the estimated population, and was 0·4 below the mean rate in the preceding ten years, 1876-85. The recorded death-rate in England and Wales during last year was 19·3, and 0·8 below the preceding ten years' average. It would appear, therefore, that the Irish death-rate was 1·4 per 1000 below the death-rate in England and Wales; or in other words, it might be said that, in equal numbers living, 108 deaths occurred in England and Wales to each 100 in Ireland. Before accepting these figures, however, as correctly representing the relative mortality of these two portions of the United Kingdom, it is necessary to inquire whether there are any differences in the age-distribution of the populations, which might cause, at any rate a part of, this divergence between the two death-rates. Bearing in mind the marked proportion of emigration from Ireland that has taken place in recent years, consisting mainly of young adults, we should be prepared to find some wide differences in the age distribution of the remaining population, compared with that of the English population, which has not been subjected to so heavy an emigration rate. The Irish annual report, unfortunately, affords no assistance in determining the effect of its age-distribution upon the death-rate of the country, and does not even give a table of death-rates at different ages, which should find a place in every annual report, either local or national, upon health condition and mortality statistics, as the disturbance caused by variations in proportional age-distribution is thus, in great measure, eliminated. If we calculate from the census reports for England and Ireland, and compare the proportions of the population of those countries living at twelve different groups of ages, we find in the Irish population a considerable deficiency of children under ten years, and of adults aged between twenty-five and forty-five years, whereas at all other ages the proportions exceeded those that prevail in England. Perhaps the most noteworthy feature in the differences of age-distribution in the population of the two countries is the marked excess of elderly persons in Ireland. In each 1000 of the Irish population in 1881 there were 133 persons aged upwards of fifty-five years, against but 105 in England and Wales. If we carefully test the effect of this difference of age-distribution upon the death-rate, we find that the unfavourable effect upon the Irish death-rate of this excessive proportion of elderly persons is only partially counteracted by the small proportion of children under five years, and that the Irish death-rate in 1886 was 1·35 per 1000 in excess of what it would have been if the age-distribution of the population had been the same as it is in England. Stated in another way, if the age-distribution of the population in Ireland last year had been the same as it was in England, the Irish death-rate would have been but 16·5 per 1000 instead of 17·9. Therefore, after due correction for the effect of the different age-distribution of the population in England and in Ireland, it appears that the mortality during 1886, in equal numbers living, was as 117 in England to 100 in Ireland, instead of as 108 to 100, which was the proportion shown above without this correction for differences of age-distri-

bution. It may be assumed, therefore, that mortality in England exceeds that in Ireland by 17 per cent., and it becomes necessary to inquire what is the probable cause of this low death-rate in Ireland. It was for many years accepted as a fact, upon the authority of the Registrar-General's office, that a not inconsiderable proportion of deaths in Ireland escaped registration. As the Registration Act for Ireland was amended a few years ago with a view to secure more complete registration of births, deaths, and marriages, it is possible that civil registration in recent years has been much less defective than it was before the passing of the Amendment Act, and it would be interesting to know whether this is the view of the Registrar-General of Ireland. The low death-rate in Ireland, however, may probably be attributed mainly to the generally rural character of the Irish population. At the time of the last census in Ireland there were but three cities (Dublin, Belfast, and Cork) with a population exceeding 50,000 inhabitants, and but five other towns with populations exceeding 20,000 persons. When, therefore, the small proportion of urban population of Ireland receives due consideration, it would appear that the death-rate of that country should rather be compared with the rate in the rural districts of England, which in 1886 was 18·1 per 1000, and did not materially differ from the recorded rate last year in the whole of Ireland—namely, 17·9. It is evident that the recorded death-rates in England and Ireland, unless corrected for difference of age-distribution, are not fairly comparable.

TREATMENT OF THORACIC ANEURYSM BY THE INTRODUCTION OF WIRE.

M. CHARMEIL of Lyons (*Revue de Médecine*, Aug. and Nov. 1887) has collected the details of fifteen cases of aortic aneurysm in which "Moore's method," as he terms it, was employed, from the original case in the Middlesex Hospital to three previously unpublished cases in the practice of M. Lépine. Although not one of the fifteen cases has resulted in the cure of the aneurysm, M. Charmeil concludes that the practice itself does not involve any direct danger to the patient, and that the results ascertained at the necropsies have been encouraging. Clinically the treatment has nearly always been followed by local improvement, as well as by relief of subjective symptoms. He therefore thinks the method is justifiable and worthy of continued trial, and indicates as essential to its favourable practice a preliminary exploration of the aneurysm by means of acupuncture needle s the use of the watch-spring of Bacelli introduced through a flattened cannula, and the most rigid adoption of antiseptic precautions. At the same time recourse should be had to Tufnell's dietetic treatment.

SCARLET FEVER AND MEASLES AT CLEATOR MOOR.

WE have for some time past noticed with regret the failure of the Cleator Moor Local Board to act according to the advice of Dr. Eaton, their medical officer of health, as to the closing of the schools, with a view to preventing a spread of scarlet fever and measles. The decision was arrived at very deliberately by a majority of five votes, three of which were given by members who were also school managers, and the schools remained open. We now find that up to Nov. 16th of this year there have been fifty deaths from zymotic diseases, as opposed to six during 1886, and that 743 cases of zymotic sickness have occurred, the attacks being mainly amongst young children. It is all but impossible to conceive of circumstances which could have led to worse results; and as the diseases went on extending, we can all understand the attitude of remonstrance which Dr. Eaton felt himself constrained to adopt. Now the sanitary authority have again refused to close the schools for a sufficient time to secure their proper cleansing and disinfection; and, in view of this, Dr. Eaton has informed them that it is obviously useless for him to attempt to influence them further in their doings, and that the responsibility must altogether lie with them. Dr. Eaton has all along done his duty, and he has now acted in a dignified manner. Article 94 of the Education Code of March 6th, 1882, distinctly implies that school closure shall be a matter to be dealt with under "medical authority," but by Article 97 it leaves the burden of responsibility with the sanitary authority, and the Cleator Moor Local Board must bear it.

POISONING BY CHARCOAL FUMES.

AN inquest was held recently at Petton, near Haschurch, on the body of George John Fry, aged ten. The deceased and his sister were put to bed in a room which contained no fireplace. As the apartment had been recently papered, the mother sought to counteract any possible effects of damp by placing in the room a bucket of burning wood ashes. On the following morning the deceased was found lying under the bed quite dead, his pupils being dilated; his little sister lay unconscious, with her face close to the bottom of the door. To this particular position she undoubtedly owes her life. Both children had vomited. The report of the evidence taken at the inquest states that the medical man who was called in attributed death to poisoning by carbonic acid gas. There seems little doubt, however, that the lethal effects were mainly due to carbon monoxide, although probably other oxidation products, to some degree, were factors in causing dissolution. The coroner and jury expressed their sympathy with the bereaved parents, who had acted kindly but unwisely. It is curious that past experience of such catastrophes as the above has not warned people of the danger that lurks in a charcoal stove. If the members of our School Boards require proof of the desirability of carrying out technical education, they may find it in the painful narrative now related.

CHILDREN'S WINTER DRESS.

THERE is a tolerably general impression in many quarters that in order to promote the health of children it is advisable to subject them to a "hardening" process. The meaning of this term it is needless to explain further than to say that its aim is to encourage native energy by opposition, to engender strength of mind and body by early participation in the struggle for existence. The principle is in itself a wholesome one, and is not without its parallel in the history of nature's processes. Care is most necessary, however, in its application. Without such care it may be, and frequently has been, overdone. In particular must it be remembered that all success in the adoption of this plan in education depends on the possession by a child thus trained of a basis of sturdy physical vigour. A delicate child, if treated after the same method, would languish and probably succumb. We have been led into this train of observation by noting the frequency with which one finds children of both sexes and of different ages, constitutions, and positions in life treated after one uniform prescription of hardy training. We would now concern ourselves particularly with that aspect of the question which has to do with clothing during such inclement weather as prevails at present. That considerable variation of opinion should obtain among parents with regard to this subject is only to be expected. Here, it may be said with truth, is room for the wise exercise of private judgment, and here we may in many cases find occasion to apply the maxims of the hardening system. So much may safely be granted, but we must not forget that certain essentials cannot be dis-

pensed with under any plan adopted. Among these the maintenance of bodily heat and dryness is all-important, and certain of the most prevalent customs of domestic life incline us to believe that the fact is but slightly understood. The hat, for example, is often, in the case of girls, far too light and too cool. Instead of straw, we would substitute some form of woollen material, just as boys, with few exceptions, are commonly provided with hats of wool or felt, which are at once light, comfortable, and suitably protective against weather. Under-clothing is another matter which does not as yet receive adequate attention. We still find the linen shirt or chemise worn very commonly next the skin. This is an error in personal hygiene which cannot under any system be excused. Summer and winter, indeed, present no material difference as regards the choice of an under-garment. Lighter or heavier, the material certainly should vary in accordance with the degree of external cold; but throughout the year no other substance is so wholesome or so preventive of chill as a woollen fabric. Of the feet we need, perhaps, hardly speak. For them, as for the rest of the body, a casing of wool is the prime requisite; and, indeed, the use of this material as a general investment for the skin will be allowed by members of the profession generally to be the great regulating principle in arranging the dress of children, whatever the view most approved in their physical education.

SANITARY CONDITION OF MARGATE.

WE learn with much satisfaction that the Town Council at Margate have at last awakened to the necessity of protecting the lives and health of the residents and visitors to this town. At a meeting, which was held on Tuesday, it was resolved that a drainage scheme for the whole borough should be provided without delay, and a committee was appointed to learn the systems in use in other places with a view to the adoption of that which is most suitable for the requirements of Margate. The Town Council have undoubtedly done wisely in deciding to remove from Margate the opprobrium from which the town now suffers. If they honestly carry out their intentions, it will not be long before Margate attains the high reputation to which it is entitled by its situation.

SMALL-POX IN RIO DE JANEIRO.

IT appears from the Monthly Bulletin on the mortality in the city of Rio de Janeiro, issued by Dr. J. Pires Farinha, that a remarkable epidemic of small-pox was recently prevailing there. These monthly returns show that in the first eight months of this year 2003 deaths from this disease were recorded within the city. The deaths both in January and in February numbered 74; in the following months they rapidly and steadily increased to 699 in August, the return for which month is the last that has yet come to hand. The population of the city is estimated at 400,000 persons, and the above-mentioned 2003 deaths from small-pox in the first eight months of this year were therefore equal to an annual rate of 7·5 per 1000 persons living. It may be noted that this death-rate from small-pox is more than three times as great as that which prevailed in London during the severe epidemic in 1871. The return shows that of these 2003 deaths from small-pox 1178 were of males and 825 of females; this inequality in the deaths of males and of females would probably be explained by the difference between the numbers living of each sex, as it appears from the census taken in 1872 that the population of the city at that time included 134,653 males and only 94,090 females. This marked inequality in the numbers of the two sexes would appear to occur principally between the ages of fifteen and thirty-five years, for of 715 deaths from small-pox occurring at those ages 517 were of males and only 198 of females. The small proportion of small-pox deaths occurring among children under five years of age, compared with those of adults, points to some exceptional features in this small-pox epidemic in Rio de Janeiro, of which Dr. Farinha's Monthly Bulletin does not afford the necessary explanation.

CONGRESS ON TUBERCULOSIS.

As we announced last week, an interesting gathering will take place in Paris from July 25th to 31st, 1888—viz., a Congress of Medical Men and Veterinarians to promote the scientific study of Tuberculosis in Man and Animals. The organising committee includes M. Chauveau as president, M. Villemin as vice-president MM. Butel, Leblanc, Nocart, Rossignol, Cornil, Grancher, Lannelongue, and Verneuil as members of the committee, and M. Petit general secretary. Certain questions have been prepared by the committee, but members of the Congress can also communicate papers on the subject apart from these. One day will be given up to anatomical demonstrations in M. Cornil's laboratory, another to examinations and necropsies on tuberculous animals at the Alfort College. The subscription for membership is 10 francs, and entitles the member to a copy of the Transactions of the Congress. The sittings will be public, all communications and discussions being in the French language. The questions proposed by the committee are: 1. On the dangers arising from the use of meat and milk of tuberculous animals; and preventive measures. 2. The races of man, species of animals, and organic media with respect to their liability to tuberculosis. 3. On the paths of introduction and propagation of the tubercular virus in the economy; and prophylaxis. 4. On the early diagnosis of tuberculosis in man and animals. Communications are specially invited on the subjects of heredity; contagiousness; experimental tuberculosis; variations in animals; the means of diagnosis between the lesions caused by Koch's bacillus and those due to other microbes, parasites, or foreign bodies; tubercular affections complicated with lesions produced by other microbes; mode of formation of giant cells; evolution of local tuberculosis; agents destructive of Koch's bacillus; the local and general methods which may arrest the extension of experimental tuberculosis; and the value of surgical treatment in the tubercular affections. Further particulars may be obtained of the General Secretary, Dr. Petit, 11, Rue Monge.

TOUTING PRACTITIONERS.

WE are flooded with handbills, cards, &c., announcing the cheap terms or the prodigious skill of their authors for the cure of all varieties of disease. In one case, advice and medicine are to be had for one shilling, children sixpence; in another, it is announced that a children's medical club will be opened in a grocer's shop, and that members, for one penny per week, will be entitled to free medical attention &c.; in a third, a simple card in a newspaper is made to do duty, inserted for weeks in succession in the leading papers of a large provincial town; in a fourth, a medical man—we will presume a very young one—advertises his address and terms on a card which is obviously meant for free distribution. For the present we treat these devices without reference to names; but we may not always be so considerate. If gentlemen of a liberal profession think it fair to violate all its traditional manners and methods, they must not be surprised if they are advertised a little more widely than they intended themselves to be. One of these gentlemen magnifies himself greatly. His experience, he tells his patient readers, is "as extensive as any physician in the West-end; such a man's fees for each piece of advice given is from one to three guineas, whereas Dr. ——

charges no fee at all if treated at the surgery, *but just enough to pay for the best drugs"!* The benevolence of such practitioners excites more astonishment even than their skill. But, seriously speaking, touting practitioners are becoming a nuisance and a discredit, and will have to be dealt with either by the licensing bodies to which they owe their diploma or by their medical brethren.

THE BACILLUS OF WHOOPING-COUGH.

DR. AFANASIEFF has succeeded in finding and cultivating what he believes to be the true bacillus of whooping-cough. This microbe differs distinctly from all other bacteria which have been described. It is somewhat like Friedländer's pneumonia bacillus, but is shorter and thinner than the latter; besides, in gelatine it does not form nail-shaped cultures, those which are produced having no hemispherical head. Its potato cultures, too, are quite different from those obtained from Friedländer's bacillus. Afanasieff's bacillus exhibits a remarkable degree of vitality, for jelly cultures that have become dry and have been kept for four months, appearing under the microscope to be more or less destroyed, are still capable of producing fresh cultures when fresh media are inoculated from the dried mass. Dr. Afanasieff's researches were chiefly made from the sputum of some of his own children, who were affected with whooping-cough. The mouth was well washed out with a permanganate solution, and the mucus coughed up after the next paroxysm or two examined. In this mucus, after staining with methyl-violet, and in the pus-corpuscles contained in it, the bacilli could be seen with a magnifying power of from 700 to 1000 (Zeiss's eye-piece 3 or 4, $\frac{1}{12}$ oil immersion objective) as short rods, sometimes single, sometimes in twos, or even in short chains running in the direction of the mucus, sometimes again in small clusters. Their length was from 0·6 μ to 2·2 μ. Of course other bacteria were found. Pure cultures, however, were easily made on agar-agar, meat-peptone jelly, potato, &c. Dogs and rabbits were inoculated with a fluid culture mixed with chloride of sodium solution, some by means of injections into the trachea, others by direct injections into the lungs. All the animals were seriously affected, and many of them died. The symptoms were somewhat similar to those of whooping-cough, including cough, dyspnœa, and redness of the eyes. Many of the cases were complicated by broncho-pneumonia. On examining the bodies of those animals which died, the mucous membrane of the air passages was found much reddened, and coated with a tenacious clear mucus, in which, as well as in the pneumonic patches in the lungs, the bacilli were found. Similar appearances and the same bacilli were observed in the bodies of children who had died from whooping-cough. As to treatment, inhalations and spray of various antiseptic drugs would appear to afford the most ground for hope in relieving and shortening this complaint. The author points out that the quinine, benzoin, and other substances which have been used as applications to the nasal mucous membrane by Michael and others, under the idea of combating a reflex affection, are really, perhaps, beneficial from their property of destroying bacilli.

CHOLERA INTELLIGENCE.

No official intelligence is now published as to cholera in Southern Europe. From New York we learn that the passengers of the steamer *Britannia*, from Naples, who had been in quarantine since Oct. 18th owing to an outbreak of cholera on board, were permitted to land on Nov. 26th. There is also intelligence to the effect that, owing to the outbreak of cholera in Chili, communication between that country and the neighbouring States will be closed during the present month.

MEDICAL GRIEVANCES IN BELFAST.

THE *Northern Whig* of Belfast, of Nov. 21st, contains a very able address to the Medical Defence Association by Dr. Lindsay, the president. This address suffices to show that in medical matters, as in others, Belfast knows its own mind, and is very likely to realise its just claims to consideration. Dr. Lindsay deals chiefly with the grievances of Belfast under the new reign and *régime* of the Royal University. One chief complaint is that sudden and great alterations of the medical curriculum are sprung upon students in the middle of their course of study, contrary to the implied contract between Universities and their *alumni* that great changes shall not operate retrospectively. According to Dr. Lindsay, there are something like four pages of alterations in the recent Calendar of the University, affecting students who began their studies on different conditions. Another alleged grievance is the imperfect representation of Belfast in the Examining Board of the Royal University. At the recent examinations 60 per cent. of the successful candidates for the degree of M.B. were from Belfast, and yet there is only one Belfast examiner in thirteen. No wonder that Dr. Lindsay should complain. And the measured and dignified language in which he does so gives irresistible cogency to his case, and even to that part of it which claims a University for Belfast. He deals with the argument that there is not sufficient clinical material in Belfast for a great medical school, by arguing that such material exists in much larger degree than in Edinburgh, the largest British medical school. He regrets that, so far, difficulties have proved insurmountable in the way of bringing the union hospitals into use as a field for clinical study. But he still hopes for success, and points out that other great fields have been opened in the Belfast District Lunatic Asylum, the Ulster Eye, Ear, and Throat Hospital, &c. Other speakers criticised the curriculum of the Royal University. Not the least satisfactory part of Dr. Lindsay's address was his vindication of the character of medical students.

POISONING WITH COCAINE.

SINCE the first employment of cocaine as a local anæsthetic, frequent notes have directed attention to serious symptoms which appear to have been attributable to it These symptoms agree, in the main, in most of the recorded cases. Ordinarily the individual becomes deadly pale, and is found to be almost pulseless; occasionally throbbing in the head is mentioned; more usually there is faintness or giddiness, which may pass on to complete loss of consciousness, followed by severe prostration or continued giddiness. Severe vomiting and abdominal cramp are said to have resulted from taking nearly five grains of hydrochlorate of cocaine. In spite of this record, however, some scepticism exists concerning its toxic influence. It has been suggested that most of the symptoms may be regarded as resulting from fright of an impending operation. The smallness of the dose which has ordinarily caused alarm lends some weight to this hypothesis, although it would not explain the occurrence of vomiting. The last recorded case comes to us in too fragmentary a condition to be of much service in determining the question. We learn from an evening contemporary that M. Laborde communicated to the Physiological Society of Paris the fact of one of his colleagues having "narrowly escaped death from a dose of cocaine taken for the purpose of having a tooth extracted." The dose taken is not mentioned, nor is the time stated that elapsed before the alarming symptoms commenced, but we are told that "he became deadly pale, completely lost consciousness for a while, suffered intensely for some time, and had the sensation of approaching death." Although undoubtedly interesting, the account leaves much to be desired. At best it

suggests the need for a certain amount of caution in the use of cocaine, and also for fresh investigations to determine the conditions under which such toxic results are to be feared. The value of cocaine as a local anæsthetic is too great to allow vague suggestions of danger to pass unchallenged and unexplained.

SCARLET FEVER AND MEASLES IN BOLTON.

THE town of Bolton is suffering from an extensive prevalence of scarlet fever and of measles. Of scarlet fever 227 cases have been notified, and of these 62 have been removed to the infectious hospital, the remainder being dealt with in their homes. There are also some 200 cases of measles scattered about the town. From one school nearly one-half of the scholars have been absent, but the managers hesitate to take the step of closing it. The real value of school closing as a preventive measure lies in its application at the right moment; and hence the Education Department do not leave it to the managers to decide, but require the school to be closed on the instruction of the sanitary authority, who, in such a matter, are naturally advised by the medical officer of health. And not only so, but, though the managers may appeal against the closure, they are obliged to carry the instruction into effect pending the decision on their appeal. Such diseases as scarlet fever and measles are to a large extent distributed by the aggregation together of children in schools; and whilst it is of importance from one point of view that education should not be needlessly interfered with, it is equally imperative that the health and lives of children should not be sacrificed to a mere desire to promote mental culture, and to procure the full grant allowed by the central department for a large average attendance. When half a school is already absent through ill-health, this latter consideration hardly comes into play; for whilst no allowance is made for absent children in deciding as to the amount of grant, total closure of the school on medical authority is kept in view.

DEATHS UNDER ETHER.

A RECENT fatality under ether calls for comment. The verdict returned was "Death from syncope while inhaling ether," and so rarely is death occasioned by heart failure during the administration of this agent that one is led to inquire how such a casualty could be brought about. The patient, a female aged forty-five, was the subject of malignant disease of the mamma, and was actually undergoing an operation at the hands of one of the staff of the Hospital for Cancer, Brompton, when the death occurred. Ether was given by means of Mr. Clover's inhaler, and no premonitary symptoms of danger occurred. The patient's pulse suddenly flagged, and her face became cyanosed. The most strenuous attempts at resuscitation failed in their object, although persevered in for some time. Death from syncope under ether sometimes occurs at the very outset of the administration, and is then due to the excessive strength of vapour employed. In the later stages of ether narcosis, death from syncope is nearly always brought about by the non-admission of air; the patient is, in fact, semi-asphyxiated, and the heart, enfeebled by disease, is unable to stand the additional strain thus imposed upon it. Clover's excellent rule to raise the face-piece from the patient's countenance at every sixth respiration cannot be too strongly insisted upon, as when it is put into practice the danger of ether syncope is reduced to a minimum. Much as deaths under anæsthetics are to be deplored, there remains the comforting reflection that when ether is administered with proper precautions, and by a competent person, *who does not allow his attentions to be diverted from his patient*, little danger exists, at least from cardiac failure. The presence of valvular lesions of the heart does not contra-indicate, but rather calls for the employment of, ether; and so the existence of "disease of the heart" recorded in the case of which we treat goes to show that ether was rightly employed. Of course, *arterial* disease is another matter, and graver risks are incurred by the use of ether when such is known to be at all extensive.

GLASGOW CENTENARIANS.

THERE has just died in Glasgow an undoubted centenarian, Miss Jane Gibson, probably the oldest inhabitant of the city, and one of the few links which connected Glasgow society of last century with that of to-day. Miss Gibson was born on May 22nd, 1785, and died on Nov. 25th, 1887, aged 102 years and 187 days. She came of an old family, and had led an active and intellectual life, being a member of the brilliant literary circle which graced Edinburgh in the early part of this century. To the last she retained the cultured tastes she then acquired. Until within a few days of her death her faculties, with the exception of her hearing, remained unimpaired, and she managed her household and business affairs herself. The *Glasgow Herald* points out that Miss Gibson was one of four undoubted centenarians of our day. All four were of the upper class, all four were women, and the two oldest of them were spinsters. First in the race was Ann Wallace, one of the twenty-one children of John Wallace of Kelly; she was born on July 1st, 1770, and died unmarried on Feb. 25th, 1873, aged 102 years and 239 days. Next to her, and distanced by 52 days, came Miss Gibson, referred to above. Isabel Ewing, daughter of William Ewing, Bailie of Glasgow, came next; she was born on March 25th, 1755, and died on Sept. 28th, 1885, aged 100 years and 187 days. Finally came Jean Brown, daughter of Alexander Brown, Dean of Guild of Glasgow, who was born on Nov. 15th, 1774, and died on Nov. 27th, 1874, aged 100 years and 12 days.

THE PROPERTIES OF ACETANILIDE.

MM. DESTRÉE and SLOSSE, of Dr. Desmeth's clinic in Brussels, have recently addressed themselves to the solution of some questions concerning acetanilide or antifebrin which have hitherto been left unanswered, or regarding which only contradictory observations have been published. Though acetanilide was credited with a microbicide action by Krieger on the ground of its success when used with collodion as an antiseptic application in surgery, Miquel has published some observations in the *Annales de l'Observatoire de Montsouris*, showing that considerable quantities of acetanilide may be introduced into broth cultures without hindering the development of colonies. In order to test this alleged property of the drug, MM. Destrée and Slosse inoculated a number of tubes of alkaline and slightly acid gelatine with bacterium aeriginosum in the Hygienic Laboratory of the Brussels University. In six days' time, when the gelatine in some control tubes had become liquid, that in the tubes containing 1 or 2 per cent. of acetanilide was still quite solid and unchanged in colour, presenting only a slight cloudiness near the surface, in which portion the microbe was seen by the microscope. It therefore appeared that the acetanilide, though it had retarded the development of the bacterium to a very marked extent, had by no means destroyed it. Regarding the effect of acetanilide on the vaso-motor nerves, Anseroff, in a paper read before the Moscow Congress last winter, showed reasons for believing that it acted as a stimulant to the vaso-dilator nerves. MM. Destrée and Slosse, however, after injecting one thigh of a frog with the drug, cut off the two thighs of the animal, and noted that the blood flowed much more freely from the limb that had not been injected than from the one which had, thus

showing that the acetanilide had had a vaso-constrictor effect. The effect on the blood has been studied by various observers. Hinsberg and Kast, and also Weill, have shown that ordinary medicinal doses do not affect the blood, but five or six grammes given to a medium-sized dog produced cyanosis, due to the transformation of the hæmoglobin of the blood into methæmoglobin. Hinsberg and Kast, and also Murray, found that the blood pressure is augmented by acetanilide, and Reise speaks of the pulse as being increased in tension. Hare (*Detroit Therap. Gaz.*), on the other hand, found the reduction of temperature frequently accompanied by a diminution of the intra-arterial pressure, which, however, was interrupted by sudden and inexplicable augmentations. MM. Destrée and Slosse carried out a series of observations on rabbits with a Ludwig's kymograph in the Physiological Laboratory of the University of Brussels, and found that the pressure in the carotid could be lowered from forty-five to thirty-one millimetres by three injections of one centigramme of acetanilide. The reduction appeared, however, to be temporary only.

DESTRUCTION BY ARTIFICIALLY INDUCED DISEASE.

THE proposal attributed to M. Pasteur that colonists should call disease to their aid for the extermination of rabbits has properly shocked the sensibilities of the world. It has already been compared to the poisoning of wells in a hostile country, a mode of warfare which would be considered disgraceful to any civilised nation. The suggestion that artificially induced disease should be utilised for the killing of the lower animals could hardly have originated in the mind of a medical man. We hope this will be clearly understood, and that no mistake on this point will allow Medicine to be accused of a thought so foreign to her best teachings. If disease came to be regarded as a means of war against pests, it would perhaps not be long before the revolting proposal were entertained by hostile nations for the "removal" of their enemies. Civilisation places some restrictions upon the actions of individuals, and certainly a proper sentiment recoils from the proposal to thus misuse medical knowledge.

MERCER'S HOSPITAL, DUBLIN.

FOR a considerable time past, as the medical profession in Dublin are aware, there has been a great want of harmony among the medical staff of this institution. This at last culminated in a notice of motion by Dr. Knight to the effect that Mr. E. Stamer O'Grady (the senior surgeon) should be removed from the hospital by reason of his having acted against the duty of his office and the general interest of the corporation. Accordingly an inquiry of a most exhaustive nature was held by the governors, all parties being represented by counsel, and, at the termination of the evidence, which was most voluminous, the inquiry was adjourned to the 28th ult. (last Monday) in order to hear counsel on both sides. Owing, however, to the illness of the assessor it has been further adjourned to the 12th inst., when it seems extremely probable that some kind of compromise will be effected between the litigants. Certainly, so far as the interests of a charitable institution are concerned, it is of vital importance that the hospital staff should work in harmony for the future or new men be appointed in their place. It is unnecessary, even if we could spare the required space, to enter into the series of charges made against Mr. O'Grady by his colleagues; they, however, may be said to consist chiefly of a certain irritability of temper, harshness to the nurses and house-surgeon, and want of concord with the other members of the staff. We have read carefully all the evidence, and are compelled to come to the conclusion that the various allegations are indeed very petty, and certainly most inadequate to demand the resignation of an accomplished surgeon, such as Mr. O'Grady undeniably is. The trivial complaints and evidences of alleged bad temper and incompatibility have been dilated on *ad nauseam*; but it has never for a moment been put forward that Mr. O'Grady has ever failed in professional ability, or shown any languid interest in the prosperity of the hospital with which he is connected. This being so, it would, in our opinion, be contrary to the claims of justice, and would unquestionably furnish a bad precedent, if the governors—or rather a majority of those gentlemen—were to remove the defendant, and thus cause irreparable injury to his professional reputation. We sincerely trust, for the sake of an old institution, of the medical staff generally, and of the interests of the community at large, that an amicable understanding may be come to between Mr. O'Grady and his colleagues; and that for the future all parties may work harmoniously together, and by every means in their power combine to advance the reputation and well-being of Mercer's Hospital.

FEVER IN LONDON.

THE number of cases of scarlet fever admitted into the hospitals of the Metropolitan Asylums Board during the week ending Nov. 25th showed an increase upon the previous week, the numbers being respectively 191 and 174, thus showing that the epidemic followed the course indicated by the experience of previous years. Fresh cases are now again diminishing, and it may be expected that this decline will be steadily maintained until the termination of the epidemic. Enteric fever is, however, increasing, the patients admitted during last week being twenty-six, or twelve in excess of the preceding week. No case of small-pox or typhus fever was reported, the metropolis having remained free from the latter disease for some weeks.

HYDROCHLORIC ACID IN GASTRIC JUICE.

A SATISFACTORY reaction for hydrochloric acid in gastric juice appears still to be an unsupplied want. M. Ewald has brought forward a new reagent for the detection of free hydrochloric acid. It is composed of one part of vaniline, two parts of flucoglycine, and thirty of alcohol. On warming slowly the liquid to which the reagent is added, there appears a beautiful crimson-red colour if the liquid contains hydrochloric acid in not less proportion than ·05 gramme per litre. Lactic acid does not give this reaction.

PARTNERS ON A HOSPITAL STAFF.

THE question is sometimes asked whether it is for the good of a hospital or an infirmary that two or more members of a family or a firm should be on the honorary staff. It is evident that in some circumstances two partners may be so specially fitted for such an appointment, or so markedly superior in skill and experience to their competitors, that it would be an injury to the institution and an injustice to the patients to refuse to elect them. It is, however, equally evident that there are grave disadvantages in allowing the working of a hospital to fall in an undue measure into the hands of any one individual, and perhaps still more of any one family or firm of partners. One of the important objects for which hospitals are maintained is the aid they afford in the diffusion of medical knowledge. It is a good thing to have this benefit shared by as many practitioners as possible. Anything like a clique on a staff is thoroughly bad, and seriously interferes with the proper working of a hospital. It would be undesirable to make any rigid rule in such a matter as this, but we can hardly imagine any circumstances in which it

would be right to have more than two members of a family or firm holding office at the same time; and when the claims of rival candidates for a post are fairly balanced, the fact that one of them is connected with an acting member of the staff should, as a rule, be held of sufficient importance to turn the scale against him.

HEREDITY AND NURTURE.

MR. FRANCIS GALTON'S first lecture on Heredity and Nurture at the South Kensington Museum on Saturday last called together a large audience, composed in part of the ordinary students of the school, but also including several doctors and actuaries interested in the subject. The lecturer dealt mainly with methods of exact human measurement, using the word "measurement" in its widest sense. He exhibited improvements upon the instruments employed at the Health Exhibition in 1884, and showed an instructive series of curves indicating the strength of pull, the swiftness of blow of arm, the weight, the height, the breathing capacity, and the keenness of sight deduced from observations upon a very large number of individuals. In conclusion, he urged the need for a permanent anthropometric laboratory, with a library of family records and biographies, thinking that the library might ultimately become a most important storehouse of materials for the study of hereditary faculty. Mr. Galton caused some amusement by a "curve" he had constructed from the data given by Sir James Paget in his well-known paper upon "What becomes of Medical Students."

MEDICAL HONOURS.

THE Queen has been graciously pleased to give orders for the appointment of the following, amongst other officers, to be Companions of the "Distinguished Service Order":—Surgeon-Major Thomas William Patterson, Medical Staff; Surgeon-Major Robert de la Cour Corbett, M.D., Medical Staff; Surgeon-Major Frederick William Wright, Indian Medical Service, Bengal; Surgeon Alfred William Frederick Street, Indian Medical Service, Bombay; Surgeon Alexander Peers Adams, Indian Medical Service, Madras; and Surgeon William Ainley Sykes, Indian Medical Service, Bengal. The Queen has also been pleased to direct that these distinctions shall take effect from July 1st, 1887.

AN INTERESTING PROBLEM.

CAN a man cough himself to pieces? At an inquest recently held on an inmate of the Borough Asylum, considerable interest was attached to the finding of a broken rib in the body of the patient. The doctor who gave evidence endeavoured to point out that under some abnormal conditions bones may be broken during life by muscular efforts, or even by the act of violent coughing. The coroner, in commenting upon this, appeared to have much difficulty in recognising the existence of such an unusual occurrence, and naïvely stated to the jury that they would doubtless have equal hesitation in appreciating the learned theory that it was possible for a man to cough himself to pieces! A perusal of the writings of Dr. Weir Mitchell and Prof. Charcot will show that spontaneous fracture of the bones in locomotor ataxy is not uncommon; the importance of this in medico-legal inquiries is worth remembering, and throws much light upon questions affecting the treatment of the insane.

DEATHS OF EMINENT FOREIGN MEDICAL AND SCIENTIFIC MEN.

THE deaths of the following foreign medical and scientific men are announced:—Dr. André J. Duval, of Geneva, author of a classical work on the History of Medicine.—Professor Fechner, of Leipsig.

THE CROWN PRINCE OF GERMANY.

SIR MORELL MACKENZIE continues to receive highly satisfactory reports as regards the present condition of the Crown Prince of Germany. The slight enlargement of the left submaxillary gland which took place at the end of October was followed by a similar swelling on the opposite side after the occurrence of œdema in the early part of November. Considerable diminution has taken place in both these swellings. Sir Morell Mackenzie considers that in view of the fact that there has been no actual microscopic proof of the existence of cancer, the diminution in the size of these swellings is not without a certain degree of clinical importance.

ALLEGED DISCOVERY OF A CANCER BACILLUS.

As might have been expected, the statement so widely circulated a week ago, to the effect that Dr. Scheuerlen of the Charité Hospital, Berlin, had discovered "the cancer bacillus," has received much qualification. It has since been declared that the inoculated animals have not exhibited any evidence of cancerous formation, and it is hinted that the experiments are very incomplete, and the "discovery" has been announced "more with regard to the present circumstances than to scientific accuracy." Should this be the case we may refer Dr. Scheuerlen to the inquiry conducted by Messrs. Shattock and Ballance, and communicated some months ago to the Pathological Society. He will find there a series of arguments in favour of the parasitic theory of cancer, but, on the other side, he will see that these investigators failed in obtaining any distinctive micro-organisms, by the cultivation process from either healthy or diseased tissues. They did occasionally get evidence of contamination with bacteria, and it would be well to know what precautions were taken by Dr. Scheuerlen to avoid such contamination. Messrs. Shattock and Ballance suggest that the parasite is not bacterial, but possibly allied to the lowest protozoa; and the want of confirmation of the discovery of the bacillus will harmonise with their negative results.

CHROMOGENIC MICRO-ORGANISMS.

IT has been found that ·03 per cent. of a gramme of corrosive sublimate prevents the colouration of artificial cultures of the pyocyanogenic microbe and of the fluorescent microbe of the rabbit's intestine, whilst it requires ·04 per cent. to arrest the growth of the bacillus. MM. Roger and Charrin, having determined this fact, point out its possible application in the antiseptic system, since it may be practicable to render the microbe harmless without destroying its life, and consequently perhaps without killing the vital tissues in which the germ may be growing.

MEASLES IN THE HEBRIDES.

THE effects of an epidemic of measles in a population living in insanitary conditions, and presenting to some extent a virgin ground for the poison, are well illustrated by the serious and fatal outbreak of the disease in the Hebrides, more especially in the small island of Eriskay. This island, which forms part of South Uist, lies in the sound between South Uist and Barra, and contains a population of about 480, living on sixty small crofts. As these crofts are too small to support so many, nearly all the able-bodied men and many of the young women go every summer to the fishing on the east coast of Scotland. At Fraserburgh, in July and August last, measles broke out among those engaged in this work, and three girls from Eriskay died. Others brought home the infection in September, and since then the increase has spread widely.

In Eriskay eight people have died in less than two months, two of these being strong men. The disease has entered almost every house. The infection was carried to Barra, where several deaths have occurred. In South Uist also over 100 persons are at present ill. Bad feeding, bad housing, and want of proper attendance seem to account for the unusual fatality of the epidemic.

PHARYNGEAL VEINS.

ON the posterior and lateral walls of the pharynx a network of veins exists, having very unequal meshes. The principal efferent vessels empty themselves into the internal jugular veins, and communicate superiorly with the pterygo-palatine vessels, median and posterior meningeal. The plexus is the terminal for numerous veins which proceed from the muscles, and especially of the mucous coat of the pharynx, beneath which they form the submucous network. MM. Bemiar and Lapeyre have studied specially this network, which is found to present at the level of the inferior part of the posterior wall of the pharynx a very remarkable deep plexus, not described by authors, and merely mentioned by Cruveilhier. It is constant, and met with at all ages. It exists between the mucous coat in front and the inferior constrictor muscle behind, whilst the inferior angle of the middle constrictor partially conceals it. Irregularly oval in shape, its larger extremity is superior; it is composed of an agglomeration of a large number of veins ranged one against another, frequently anastomosed; and into it run veins from the pharyngeal mucous membrane, which form fine arborisations around it.

THE TREATMENT OF HEADACHES BY NITRO-GLYCERINE.

DR. TRUSEVICH publishes in the *Ejemedélnaya Klinicheskaya Gazeta* a series of observations on the effect of nitro-glycerine on headaches. He adopts in the main the classification of headaches made by Dr. Day, whose work he translated into Russian, in which language it has already gone through two editions. The preparation generally used was the 1 per cent. alcoholic solution, though in a very obstinate case the 10 per cent. solution was used, two drops being first given, and after an interval of two minutes three more. The result of this heroic medication was that the patient, a girl of fifteen, became pallid, and her pulse very weak; however, a little water and some smelling salts quickly revived her, and she was none the worse. The nitro-glycerine had no effect on the headache, which was of a persistent character, and was probably due to some organic lesion, perhaps an affection of the cranial bones. As a rule, two or three one-drop or two-drop doses of the 1 per cent. solution placed on the tongue at intervals of a very few minutes sufficed to arrest the headache. The conclusion arrived at was that all cases which depend entirely, or almost entirely, on a vaso-constrictor neurosis are immediately curable by nitro-glycerine. In cases where the cerebral anæmia is partly due to deficiency or poorness of blood, milk, iron arsenic, quinine, and other tonic remedies are of course required in addition to the nitro-glycerine. The chief indications for the successful treatment of migraine by nitro-glycerine are pallor of the face and a paroxysmal character of the pains, also their augmentation on pressure of the carotids, and their diminution when the head is lowered. In "nervo-hyperæmic headaches" nitro-glycerine is useful, but it only acts indirectly by dilating the vessels in other parts of the system, and thus relieving the congestion in the cerebral vessels. It is positively injurious in headaches depending on passive hyperæmia. On this subject, however, Dr. Trusevich promises a future article. As a rule, he thinks that if nitro-glycerine fails to relieve, the prognosis is probably bad, as the pain is generally due to some organic lesion, such as thickening of the fibrous coverings following chronic alcoholism or syphilis, or to some osteophyte caused by periostitis, or, lastly, to morbid changes in the cranial bones. In some headaches of rheumatic origin nitro-glycerine appears to have some effect, but Dr. Trusevich thinks that in others massage would probably be more beneficial. Where headaches are due to heart, lung, or to hepatic disease which causes passive congestion in the cerebral vessels, nitro-glycerine cannot be expected to do much good.

EPIDEMIC INSURANCE MOVEMENT.

AN excellent system of insurance against the small-pox prevalent in Sheffield has been set on foot by workmen in more than one factory. It having come to their knowledge that some of their fellow-workmen continued their attendance at the factory, although they came from infected houses, they called a meeting, at which it was decided that pending the period of danger a levy should be made, amounting to 2½ per cent. of each man's average earnings, so as to provide a fund out of which any man coming from a house where there was small-pox could be paid his average weekly wages, until it was certified that there was no further risk of infection. The example is worthy of imitation for diseases other than small-pox.

ENDO-LARYNGEAL EXTIRPATION OF BENIGN GROWTHS.

IN the account published last week of Professor Schnitzler's paper on Malignant Degeneration of Laryngeal Papillomata, the accidental omission of a negative made it appear that Professor Schnitzler discountenances endo-laryngeal operations. This is on the face of it so contrary to practice, that few, we hope, have been misled by the statement. Indeed, Professor Schnitzler stated the exact opposite, for he intimated that the occurrence of such malignant degeneration, even if favoured by repeated attempts at removal, should by no means be held to condemn endo-laryngeal extirpation of benign growths. The rarity—sufficiently exemplified in the remarks made at the discussion—of malignant degeneration is of itself sufficient to prove that external irritation plays little, if any, part in the morbid change.

PHYSIOLOGY OF RENAL SECRETION.

SOME time ago MAX HERMANN stated that the secretion of the kidneys varied on each side. It was objected to his experiments that reflex influences consecutive to exposure of the ureters might explain the difference. Zuelzer has studied the question in a case of vesical ectopia. Iodide of potassium, given by the mouth, appeared in the urine from one ureter at a different time from that of the other side; salicylic acid showed the same difference. Chemical analysis also proved that the proportions of urea, phosphoric acid, and sulphuric acid differed on the two sides. Great differences were observed in the quantity and density of the urine discharged from the two sides respectively. This difference leads Zuelzer to think that the composition of the blood in the aorta is far from being uniform.

FOREIGN UNIVERSITY INTELLIGENCE.

Halle.—Dr. Friederich Kretsch has qualified as *privat-docent* in Otology.

Marburg.—Professor Roser will retire at the end of the winter session, when he will have been fifty years in practice.

Moscow.—A Clinic for Mental Diseases has just been opened under Professor Kojevnikoff. This is said to be the

first clinic of the kind opened in any Russian university, though something of the kind exists in connexion with the St. Petersburg Military Medical Academy.

Munich.—Dr. Tappeiner, Professor in the Veterinary School, has been appointed Extraordinary Professor of Pharmacology in the University.

Zurich.—Professor H. v. Meyer celebrates the fiftieth anniversary of his promotion to the degree of Doctor of Medicine on Dec. 2nd. The medical students have been preparing a grand festival *commers* for the occasion.

ILLNESS OF LORD LYONS.

FROM the bulletin published on the morning of the 1st inst. it appears that Lord Lyons, of whose illness our readers will be aware, passed a quiet night, and that his strength is fairly maintained. An account received at the time of our going to press states that no change has taken place in his lordship's condition.

THE large number of seventy-four students have enrolled their names for a course of lectures on Diseases of the Ear just begun by Dr. Thomas Barr at the Glasgow Ear Hospital. When it is considered that this is an optional course of study, and that in their professional examinations students are not tested as to their knowledge of this branch of study, such an attendance must be considered as most satisfactory, and is a good indication of the quality of students attending the Glasgow medical schools. The ordinary attendance on this course in the past has been from ten to twenty, so that the contrast this year is very striking.

A PETITION has been presented to Her Majesty in Council by the Royal College of Physicians of London and the Royal College of Surgeons of England praying for the grant of a Charter under the style of "The Senate of Physicians and Surgeons," with power to grant degrees in medicine and surgery. The petition will be considered by a committee of the Privy Council on Jan. 16th.

THE House Committee of the London Hospital have, at the request of their Imperial Highnesses the Crown Prince and Princess of Germany, granted permission to Mr. Mark Hovell, assistant aural surgeon of the hospital, to attend the Crown Prince during the remainder of his illness, without his incurring the loss of his appointment.

WE understand that Dr. Bruce Low, M.D. and C.M. Edin., medical officer of health for Helmsley, Yorks, and Treasurer of the Yorkshire Association of Health Officers, has been appointed by the President of the Local Government Board to a medical inspectorship of that Board.

ON the 24th ult. Dr. Watkins of Newton-le-Willows met with a serious accident whilst driving. The horse shied at some object, and the unfortunate gentleman was thrown out of his conveyance, falling on his head and sustaining concussion of the brain.

THE Bradshawe Lecture will be delivered at the Royal College of Surgeons on Wednesday next, Dec. 7th, at 4 P.M., by Sir Joseph Lister. The subject will be "On the present position of Antiseptic Treatment in Surgery."

ON the 19th ult. an inquest was held at Newcastle-under-Lyme, on the body of a man aged sixty, who died on the previous day from blood-poisoning caused by the scratch of a cat.

Pharmacology and Therapeutics.

SALOL, BETHOL, AND NAPHTHOL.

GOSPODIN VILENTS of Dorpat has published an account of some researches he has been making, with a view of determining the therapeutic value, from a veterinary point of view, of some new drugs. The salols, he finds, lower the temperature in healthy animals, but in large doses salol gives rise to toxic symptoms. This class of bodies, too, does not behave alike with different species of animals. Bethol, which is naphtholol-salicylic-ether-naphthol, $C_6H_4 . OH . COO . C_{10}H_7$, and which is prepared by the action of oxychloride of phosphorus on a mixture of β-naphthol and salicylate of soda at a high temperature, appears to have a beneficial action in intestinal affections. For injection into the bladder or uterus salol is preferable. Bethol does not appear to have much power of destroying parasites (entozoa) or bacteria. The author thinks that the salols will displace salicylic acid for internal use. The former bodies have, however, a peculiarly toxic action on cats, and they must evidently be prescribed in general with caution. Naphthol in its crude state always contains carbolic acid; pure β-naphthol dilates the vessels in frogs, and acts as a muscle rather than as a nerve poison. It increases the peristaltic action of the bowels when administered by the mouth or subcutaneously. It seems to have anti-helminthic and cathartic properties.

STROPHANTHUS.

Strophanthus having been as yet but little employed in Russia, Dr. A. Kazem-Bek writes to the *Vrach* strongly recommending its trial in cardiac cases, both on the ground of his clinical and physiological observations, and from the experience of foreigners of various nationalities. He gave it in several cases both of organic and functional disease occurring in private practice, and was much pleased with its results in all except one case. Its beneficial effects in the alleviation of dyspnœa, and of both bronchial and cardiac asthma, were very marked. The heart's contractions became much less frequent, the circulation of the blood improved, and the quantity of urine excreted was greatly augmented. In consequence of the amelioration in the general condition, and perhaps owing to a direct action of strophanthus on the brain, the patients obtained prolonged and quiet sleep. Indeed in some instances drowsiness overcame them shortly after they had taken a dose of the drug. In experiments on dogs, too, a similar soporific action was observed. From the physiological observations made by Dr. Kazem-Bek, he concludes that strophanthus is not a mere muscle poison, but that it exerts an influence on the terminal branches of the vagus in the cardiac ganglia, and on these ganglia themselves. Were it not so, he says, atropine administered subsequently to strophanthus would not produce acceleration of the cardiac beats, but strophanthus administered after atropine would diminish the frequency of the heart's contractions, but neither of these results ever obtained in his experiments. The increase in the blood pressure caused by strophanthus does not, he believes, depend on the cardiac contractions, since it rises, while the contractions continue perfectly unchanged.

ARSENIC IN CHLOROFORM.

Scholvien has detected traces of arsenic in many samples of chloroform. This may be accounted for by the presence of arsenic in the sulphuric acid or manganese used in the preparation of the chloride of lime with which the chloroform has been made. He suggests that in order to examine a suspected sample for arsenic the chloroform should be stirred with absolutely pure dilute potash, then evaporated and the residue tested by Marsh's process. When arsenical chloroform is distilled, Scholvien is positive that all the metal remains behind, none passing over with the distillate.

ICHTHYOL.

Ichthyol has now been in use some years, and bids fair to maintain its original reputation as a valuable medicament of very wide application. It is employed pure in rare cases, but more frequently in solution in water, oil, or glycerine of the strength of 20 to 50 per cent., for external applications

in bruises, sprains, rheumatism, burns, chilblains, &c. It may be administered internally in 1 per cent. solution, or in the form of pills, in cases of chronic skin disease, gastric affections, and rheumatism. As a spray in 10 per cent. solution it has been employed in the treatment of throat and nasal affections. Ointments of various strengths are compounded for external inunction in erysipelas and rheumatism. An alcoholic ethereal solution of the strength of 10 per cent. has been successful in relieving neuralgia when sprayed on the painful region; stronger solutions are used for sciatica and lumbago. Plasters and fomentations of ichthyol are also used, and a soap is made for preserving the skin and relieving chapped hands and kindred ailments.

PHTHALATE OF MORPHIA.

Herr Bombelon, writing in the *Pharmaceutische Zeitschrift*, strongly recommends the phthalate in preference to other salts of morphia for dispensing and hypodermic use. It is prepared in the form of small vitreous lamina, and by a process similar to that by which other "scale preparations" are produced.

EMULSIONS.

The *Monthly Magazine of Pharmacy* quotes a suggestion of a German pharmacist as to making emulsions. First pour 7½ parts of water into a phial, then 10 parts of almond oil, and next 5 parts of the best gum arabic in very fine powder, and shake energetically. After a while add gradually water to make up 100 parts. The resulting emulsion will be faultless.

ACONITINE.

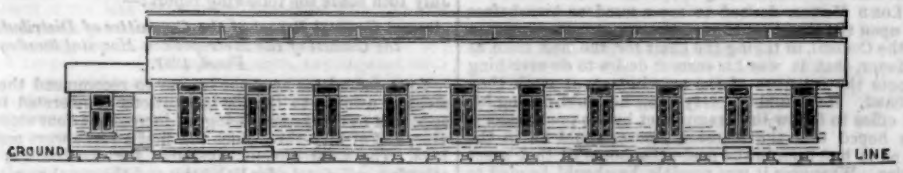
In a recent Dutch work by Dr. van Renterghem, it is stated that there exist no less than eight different kinds of aconitine in the various European markets, differing from one another to such an extent that some samples are several hundred times more poisonous than others.

OXALIC ACID IN SPIRIT OF NITROUS ETHER.

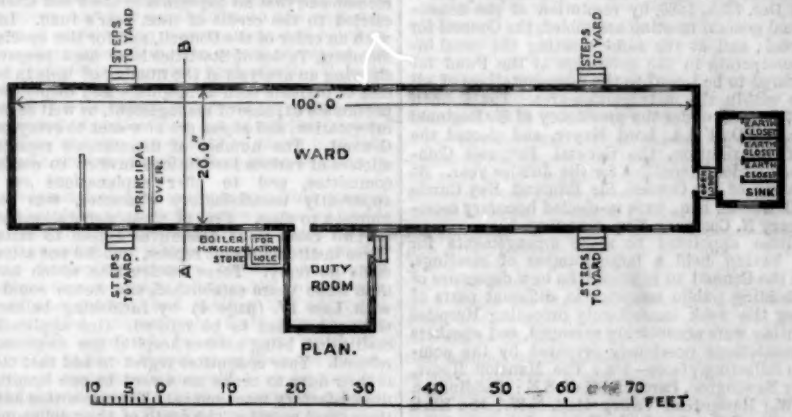
A German chemist has found that large quantities of oxalic acid exist in the residue of the still with which spirit of nitrous ether has been prepared. It is possible therefore that it may sometimes form an unlooked for impurity in this compound.

TEMPORARY HOSPITAL ACCOMMODATION.

THE demands upon the Metropolitan Asylums Board for increased hospital accommodation has led to the erection of temporary huts on the grounds of the different hospitals, of which those at Homerton are especially deserving of commendation. The huts at this institution are five in number, four being 90 ft. and one 100 ft. long, the width of each being 22 ft. They are constructed entirely of wood on small brick piers, and the floors are raised about a foot above the ground. The boarding both of the roof and walls is double, with an interspace of four inches, and the roof boarding is covered externally with tarred felt. All the woodwork is left plain; there is no painting, staining, or varnishing. The windows are French casements opening down to the ground, and above each window is a hopper fanlight, which can be opened at will. In addition to the window ventilation, there is a louvred ventilator, which is permanently open, running the whole length of the apex of the roof. The ventilation is therefore very ample, and in mild weather, when all the French windows are open, the patients may almost be said to be treated in the open air. The temperature of each hut is maintained by hot-water pipes connected with a small boiler outside. Leading out of the ward is a small kitchen, provided with a sink, a gas stove, and a gas-heated bath. The closets, which are earth commodes, are placed in a small annexe connected with the ward by a covered way, which is quite open at the sides. The huts are admirably adapted for hospital purposes, and the architect, Mr. Keith D. Young, has acted on Dr. Collie's suggestion as to the character of ventilation required for patients suffering from infectious diseases, and has kept the cost within very narrow limits, the total expenditure being about £20 for each thousand cubic feet, this amount, under the special circumstances of the ventilation, being found sufficient for one bed. As evidence of the rapidity with which the huts can be erected, it may be stated that they were occupied within less than a week of the order being given to Messrs. Lascelles, the builders. The accompanying sketches show the planning and arrangement of the different parts of the hut, as well as the dimensions.



SIDE-ELEVATION.



SECTION A.B.

HOSPITAL SUNDAY FUND.

A MEETING of the Council of the Metropolitan Hospital Sunday Fund was held on Monday last at the Mansion House, under the presidency of the Lord Mayor.

Sir SYDNEY H. WATERLOW said he desired, before the regular business commenced, to propose a resolution expressing the deep regret of the Council at the loss they had sustained by the death of their esteemed colleague, Sir William McArthur, who had been a member of the Council ever since its establishment in 1873, and a member of the Distribution Committee for the same period. Those who looked at the list of distribution from year to year, and were aware that they were not made until after a most careful examination of the accounts of each hospital and dispensary, would understand something of the labours of the Distribution Committee, and of the greatness of the loss sustained in the death of Sir William McArthur.

The Rev. Canon FLEMING seconded the motion. He stated that he had been chaplain to Sir William McArthur during his year of office, and he had known and esteemed him long before. He had a deep knowledge of his character, and all who knew how good and genial and zealous he was, not only in regard to the Hospital Fund, but in every good work, would deeply deplore the loss which all the churches had sustained in his death.

The motion was unanimously adopted.

The LORD MAYOR desired to say a word or two before calling upon the secretary to read the report. He begged to assure the Council, in taking the chair for the first time as Lord Mayor, that it was his earnest desire to do everthing to promote the interests of the very important work they had in hand. He should do everything he could during his year of office to follow the example set by his predecessors; and he hoped that the Mansion House would be in the future as it had been in the past—the home of that great enterprise. Whenever it was possible, he should be glad to preside at the meetings of the Council.

The report of the Council was then read, and ran as follows:—

The fifteenth year of collecting this Fund is noteworthy as being the Jubilee year of the reign of Her Majesty Queen Victoria. On Dec. 13th, 1886, by resolution of the constituents in annual general meeting assembled, the Council for 1887 was elected; and at the same meeting the usual invitations to co-operate in the collection of the Fund for 1887 were ordered to be issued to the representatives of all congregations within the metropolitan area. The Council met on Jan. 27th, 1887, under the presidency of Sir Reginald Hanson, Bart., LL.D., F.S.A., Lord Mayor, and elected the Committee of Distribution, the General Purposes Committee, and the Special Committee for the Jubilee year. At the same meeting of the Council, Sir Edmund Hay Currie and Richard B. Martin, Esq., were re-elected honorary secretaries, and Henry N. Custance, Esq., secretary.

The committee appointed to make arrangements for Jubilee year, having held a large number of meetings, recommended the Council to continue the new departure of last year in holding public meetings in different parts of London during the week immediately preceding Hospital Sunday. Meeting were accordingly arranged, and speakers secured for resolutions previously prepared by the committee at the following places—viz.: The Mansion House, E.C.; St. Mary Newington, Parochial Hall, S.E.; Paddington Vestry Hall, W.; Hampstead Vestry Hall, N.W.; the Rink Hall, Blackheath, S.E.; Lambeth Palace Library, S.E.; Shoreditch Town Hall, E.; St. Andrew's Hall, Newman-street, W.; Kensington Town Hall, W.; The Wellington Hall, Islington, N.; Westminster Town Hall, S.W.; Stratford Town Hall, E; and the People's Palace, Mile-end-road, E. The Presidents at the several meetings were—his Royal Highness the Duke of Cambridge, K.G., &c.; his Grace the Archbishop of Canterbury; his Grace the Duke of Argyll, K.G., &c.; the Right Hon. Sir Reginald Hanson, Bart., LL.D., &c., Lord Mayor; Very Rev. the Dean of Westminster; Lord William Compton; the Right Rev. the Bishop of Bedford; Sir William Plowden, K.C.S.I., M.P.; Major Ross, M.P.; the Rev. Walter Abbott, M.A., vicar of Paddington; the Rev. H. W. Barlow, B.D., vicar of Islington; John Meesom, Esq., Mayor of Stratford; and Henry Green, Esq.

The fund of 1887 has reached £40,607 7*s.* 8*d.*, as compared with £40,399 7*s.* 7*d.* collected in 1886, and with an average of £31,572 7*s.* 9*d.* in the last fifteen years. The Rev. Canon Fleming, of St. Michael's, Chester-square, again heads the list of contributors with £1028. The Rev. C. J. Ridgeway, of Christ Church, Lancaster-gate, comes next with £802 6*s.* 7*d.*, and the Rev. Dr. Forrest, of St. Jude's, South Kensington, is third with £802.

Years.	Amounts.	Congregations.
1873	£27,700 8 1	1072
1874	29,936 17 10	1217
1875	26,396 2 0	1120
1876	27,042 11 4	1089
1877	26,082 19 1	1165
1878	24,904 19 6	1171
1879	26,501 4 1	1176
1880	30,423 18 10	1225
1881	31,856 6 2	1268
1882	34,146 2 5	1337
1883	33,935 5 3	1414
1884	39,329 16 6	1522
1885	34,320 8 5	1597
1886	40,399 7 7	1595
1887	40,607 7 8	1633

The Committee of Distribution met on Feb. 1st, and determined the various forms and circulars to be filled up by the representatives of hospitals and dispensaries seeking to participate, in conformity with Law V., page 4, and on July 16th made the following report:—

Annual General Report of the Committee of Distribution to the Council of the Metropolitan Hospital Sunday Fund, 1887.

Your committee have the honour to recommend the payment of awards to the 158 institutions enumerated in the appendix to this report, being an increase of four since last year, and of fifty-three since the first awards were made in 1873. The total amount available for distribution, after allowing sufficiently for liabilities and the usual current expenses, is £39,125. Of this total, £37,525 is now recommended to 108 hospitals and 50 dispensaries. Four per cent. of the total collected—viz., £1600—is set apart to purchase surgical appliances, in obedience to Law XII. (page 5), in monthly proportions, during the ensuing year. Your committee recommend that all payments to the Fund after this date be carried to the credit of next year's fund. In compliance with an order of the Council, and for the special use of its members, Tables of Statistics have been prepared as usual, showing an analysis of the number of beds in hospitals, the cost of patients both at hospitals and dispensaries, the proportionate expense of management, as well as other valuable information, and copies are now sent to every member of the Council. The number of deputations representing committees of various institutions invited to confer with your committee, and to offer explanations on matters of apparently unsatisfactory character, was reduced from fourteen to nine. Five of these deputations attended, and in two cases your committee agreed to raise the award. Three institutions sent replies, but did not attend; and one made no reply. Three institutions which have been less than three years established, and hence could not comply with Law IV. (page 4) by furnishing balance sheets for three years, had to be refused. One application from an institution, being neither hospital nor dispensary, was also refused. Your committee regret to add that they have felt it their duty to make no award to one hospital, owing to unsatisfactory management. The committee have to express their great regret at the death of their colleague Mr. Lionel L. Cohen, M.P., prior to the completion of their work.

REGINALD HANSON, Lord Mayor, { President and Treasurer.

SYDNEY H. WATERLOW, Vice-President.

JOHN D. ALLCROFT, F. H. NORMAN,
THOMSON HANKEY, W. SEDGWICK SAUNDERS,
EDWARD C. HODGE, M.D.,
WM. MCARTHUR, ALFRED WILLETT.

On July 25th the Council was specially summoned to receive the report of the Committee of Distribution, and unanimously passed the following resolutions:—1. That the report of the Committee of Distribution for the year 1887 be, and is hereby, approved; and that the

several awards recommended be paid as soon as possible. 2. That the cordial thanks of this Council be, and are hereby, given to the chairman and the other members of the Committee of Distribution, for the labour they have bestowed in the preparation of the awards to hospitals and dispensaries, &c., and for the very efficient report of their proceedings. 3. That the cordial thanks of the Council be, and are hereby, given to the Right Honourable Sir Reginald Hanson, Bart., LL.D., F.S.A., &c., Lord Mayor, who, as President and Treasurer of this Fund, has, in this special year of Jubilee, given so much untiring attention and valuable time to ensure the success of the collections, and has thus enabled the Council to distribute a larger amount than in any previous year. 4. That the cordial thanks of the Council be sent to his Royal Highness the Duke of Cambridge, and to those noblemen, members of Parliament, and other gentlemen who so ably pleaded the cause of the hospitals and dispensaries of London in connexion with the Hospital Sunday Fund during the "Hospitals Week" of 1887. 5. That the cordial thanks of the Council be, and are hereby, conveyed to the editors of newspapers and to other members of the press, who gave valuable assistance in reporting proceedings at public meetings during the "Hospitals Week" of 1887 and also at other times, with a view to advance the success of this Fund. 6. That the Special (Jubilee year) Committee are hereby authorised to disburse to the several representatives of institutions who gave their time and services to further the success of the meetings during the "Hospitals Week," various amounts which in the aggregate shall not exceed £100.

The Council desire to express their thanks to the executors of the will of the late Dr. Wakley, Editor of THE LANCET, for the payment of his legacy, on June 1st, of £1000.

The working expenses have amounted to £1713 15*s.* 2*d*, being 4·200 per cent. of the gross receipts, as compared with 3·942 per cent. last year, and with an average of 3·698 per cent. in the previous fourteen years; this increase has arisen from the special efforts of the Council in this Jubilee year.

The Council desire to express their thanks to the clergy and the ministers of all religious denominations for their valuable co-operation in pleading the cause of Hospital Sunday before their several congregations, with the marked success that has resulted this year; and also to Messrs. Hart Brothers, Tibbetts, and Co. for having again gratuitously audited the yearly accounts.

Letters of recommendation for in- and out-patients to the several hospitals and dispensaries, enumerated in the Appendix, are given, on their application, to the representative ministers of contributing congregations, and to others whose names appear printed in this report, so far as the supplies in the hands of the secretary will admit. It is an instruction to the secretary not to issue letters or recommendations except for the benefit of residents in contributing districts. In respect of applications for admission to convalescent hospitals, and for in-patients to chest hospitals, the name, age, and address of each patient must be given in writing.

Letters of recommendation for patients requiring surgical appliances are also given, in the following way, to the representative ministers of any contributing congregation for the use of its members and others whose names appear printed in this report:—1. Application must be made in writing to Mr. Custance, the secretary, giving the name, age, and address of the patient, and stating the nature of the appliance required. An estimate must also be sent, for the committee's approval, in all cases where the appliance asked for is likely to cost more than one guinea. 2. A proper form of recommendation will then be supplied to the members of the Council or to the minister of religion who makes the application. This recommendation will be available at the hospital or dispensary named thereon. 3. On presentation of the recommendation at the hospital or dispensary named, the secretary, or officer on duty, will inform the applicant which member of the staff will prescribe for the case, and see the appliance properly fitted. 4. The member of the staff who prescribes for the case will state where the required appliance is to be obtained. 5. As soon as the appliance has been properly furnished, and fitted to the satisfaction of the surgeon prescribing for the case, an invoice, with the cost shown, and bearing either the hospital or dispensary stamp or the initials of the secretary to vouch for its correctness, is to be sent to Mr. Custance, who will, in due course, make payment for the same. 6. Not more than £5 shall be paid for any one appliance, without the sanction of the vice-president and one of the honorary secretaries.—N.B. As the applications for surgical appliance orders are so numerous, the committee are only able to sanction a certain proportion from month to month.

By order. HENRY N. CUSTANCE, Secretary.

Mansion House, E.C., Nov. 28th, 1887.

The Right Hon. Sir Reginald Hanson, Bart., LL.D., &c., Lord Mayor, Treasurer, in account with the Metropolitan Hospital Sunday Fund.

Dr. Receipts for the year ending Oct. 31st, 1887.

1887.	£	s.	d.	£	s.	d.
To balance at Bank of England, Nov. 1st, 1886	2820	8	3			
,, cheque drawn, not presented	13	10	6			
	2806	17	9			
,, balance in hands of secretary	2	0	9			
				2,808	18	
,, collections made at sundry places of worship	36,391	18	11			
,, collections at schools	84	18	7			
,, donations, including £77 15*s.* for surgical appliances	3073	8	9			
,, Legacy of the late J. Wakley, Esq., M.D.	1000	0	0			
,, interest on deposit	57	1	5			
				40,607	7	8
				£43,416	6	2

Cr. Payments for the year ending Oct. 31st, 1887.

1887.	£	s.	d.	£	s.	d.
By awards to 101 hospitals	33,999	16	7			
,, awards to 7 institutions	1,081	5	0			
,, awards to 50 dispensaries	2,309	7	6			
,, surgical appliances	1,820	15	0			
				39,161	4	1
,, printing and stationery	265	4	2			
,, stamps and postage	119	1	6			
,, advertisements	298	5	9			
,, salaries and wages	621	17	7			
,, special expenses in connexion with "The Hospitals Week"	437	4	9			
,, sundries	11	1	5			
				1,713	15	2
,, balance at Bank of England, including £1175 available for surgical appliances	2,538	15	9			
Less cheque drawn, not presented	1	4	0			
	2,535	11	9			
,, by balance in hands of secretary	5	15	2			
				2,541	6	11
				£43,416	6	2

Audited, and found correct, this 17th day of November, 1887.

(Signed) HART BROTHERS, TIBBETTS, & Co.,
Chartered Accountants, 14, Moorgate-street.

A statement of the number and various kinds of "surgical appliances" ordered from the Hospital Sunday Fund during the year 1886–7 is appended to the report. From this statement it appears that 299 trusses and 238 elastic stockings were distributed, whilst applications for spectacles, surgical boots, artificial eyes, abdominal belts, leg irons, &c., were responded to in considerable number.

Sir SYDNEY WATERLOW, in moving that the report be approved and ordered for publication, expressed a hope that the work of the Council during the year had been satisfactory, not only to the members who had taken part in it, but to the public at large. A larger amount had been raised during the year than on any previous occasion, which was no doubt in a great measure owing to the fact that the late Lord Mayor took (as the present Lord Mayor had promised to take) the deepest interest in the work, and did all he could, both inside the Mansion House and outside, to bring the Fund up to a sum which should be fairly creditable to the city and to the metropolis. He could not move the resolution without calling attention to a part of their work which, as many members would recollect, they had some difficulty in arranging—viz., the distribution of surgical appliances. More than 1500 persons had been relieved in that way without trouble or effort of their own beyond that of making known to the medical man or the minister of the district that they wanted such appliances. They had thus been relieved of the cruel work of running about from one end of the metropolis to the other to get the requisite number of letters, thirty or forty being sometimes needed before they could obtain the necessary relief. When it was remembered that so many persons had been thus relieved by means of the small sum set apart for the work, it would, he thought, be generally acknowledged that that part of their scheme had been worked satisfactorily. They had, of course, had many more applications than they could meet; but they had done their best to relieve those cases that had been recommended by ministers who had preached for the

Fund, and whose recommendation it was thought was entitled to the greatest consideration, since they only sent in the names of those with the details of whose cases they were thoroughly acquainted.

The motion, having been seconded, was unanimously agreed to.

The following gentlemen were recommended for appointment to fill vacancies on the Council:—Rev. S. B. Burnaby, Hon. and Rev. Carr-Glynn, Sir Reginald Hanson, Mr. A. L. Cohen, Mr. C. G. Montefiore, Alderman Whitehead, and Archdeacon Richardson.

The LORD MAYOR said he regretted that it would be impossible to hold the annual meeting at the Mansion House, as the repairs and decorations it was undergoing would not be completed in time; but arrangements had been made for holding it in the Old Council Chamber at the Guildhall.

Sir E. HAY CURRIE moved that the meeting be held on Monday, Dec. 12th, at 3 o'clock P.M. He did not know that there was any burning question to bring before the meeting, but it was important that it should be held, as it gave their constituents the only opportunity they had of expressing themselves on the general policy of the Hospital Sunday Fund.

Dr. GLOVER seconded the motion, which was unanimously adopted.

The Bishop of LONDON moved that Sunday, June 10th, be selected as Hospital Sunday for 1888.

The Rev. Canon FLEMING seconded the motion, which was adopted.

Sir E. HAY CURRIE, in moving a vote of thanks to the Lord Mayor, said that the action taken by his lordship and his predecessors proved that the Hospital Sunday Fund was no mushroom institution. It had borne the heat and burden of the day for fourteen years, and had increasing claims upon the public support.

The motion, having been seconded, was unanimously agreed to.

The LORD MAYOR, in acknowledging the compliment, again expressed his regret that he was unable to receive the members at the Mansion House at the annual meeting, but he hoped to have that honour under more favourable circumstances.

The proceedings then closed.

SANITARY LEGISLATION IN ITALY.

A FEW days hence the Senate of the Italian kingdom will be engaged in discussing the new code for the better surveillance of public health throughout the peninsula. Pending the official issue of that important enactment, the following details as to its scope and bearing will not be without interest.

In the Home Department there will be created a General Board of Public Health, and, conjoined with this, an office of sanitary technology, with laboratories fitted up for every requirement of sanitary inspection. In every province of the kingdom there will be a provincial medical officer (*medico provinciale*), invested with sanitary functions, in addition to the present Provincial Council of Public Health (*Consiglio Provinciale di Sanità*). In every commune not the chief town of the province the syndic will have a sanitary advising assessor (*consiglier sanitario*). Each commune will also have a medico-chirurgical and zoo-iatrical staff, consisting of physicians, surgeons, veterinarians, and pharmacists. Communes with over 10,000 inhabitants will have a municipal medical office to provide for the efficient working of the hygienic and sanitary service. Under its second chapter the Code defines the functions of the General Board of Public Health, which board will exercise authoritative surveillance over the health interests of the communes, including their sanitary offices, over public works involving sanitary risks, over rice-culture, and such like. Its third chapter treats of the powers invested in the Superior Board of Health for deciding questions in dispute between the communal and the sanitary authorities, and between these latter and the provincial health officer. The fourth chapter takes cognisance of the newly instituted *medico provinciale* and his functions. These will have a wide range, and will include questions of hygiene, medicine, and pharmacy. The *medico provinciale* is nominated by Royal decree, after due certification by competitive trial of his qualifications. The seventh chapter defines the functions of the Communal Sanitary Council, which is nominated by the prefect and selected from among the medical practitioners in the commune. Its duration will be of three years, and it may be re-elected. It exercises surveillance over the interests, hygienic and sanitary, of the Commune. The eighth chapter describes the functions of the medico-chirurgical, pharmaceutical, and obstetrical staff, or *assistance publique*. The ninth chapter dwells on the zoo-iatric staff, and provides that every commune, chief provincial town, *arrondissement*, or locality having over 20,000 inhabitants shall have one or more veterinary surgeons; while every other locality not coming under the above category as to size shall have one veterinary surgeon, either by itself or conjointly with a neighbour locality. The tenth chapter defines the duties of the sanitary officer. The Code, which is introduced by the Prime Minister, Signor Crispi, also deals with the hygiene of soils and dwelling-houses, of beverages (natural and artificial), and of the lower animals, besides giving practical directions as to a sanitary police service.

The Italian Senate is at present, through a committee appointed *ad hoc*, considering the provisions of the Code, preparatory to a general discussion on the committee's report. The discussion will have much interest for the English sanitarian, whose experience, as embodied in official and non-official publications, has been largely utilised for this new legislative enactment, so long expected and so imperatively required.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF THE INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Diphtheria in the Pwllheli Rural District, by Dr. PARSONS. This district in Carnarvonshire is, apart from the old borough of Nevin, mainly of a scattered character, and during the past ten years its diphtheria death-rate has been more than three times that for England and Wales generally. In 1886 there were 24 reported cases and 7 deaths; but owing partly to the absence from the district of the medical officer of health at the time of the inspection, and to linguistic difficulties in this remote part of the Principality, no special information was forthcoming bearing upon the etiology of the disease. Incidentally the general sanitary circumstances of the district came under review; and it was found that although on account of the natural configuration of the district and its scattered character no public works were called for, yet that the authority had been very slow in dealing locally with questions of water supply, drainage, and other matters. Notably, damp sites and filthy surroundings of houses were observed, many of the dwellings being in a bad state of repair and needing adequate means of ventilation; and it was felt that conditions such as these had, in all probability, had some distinct influence in the causation and in the observed increasing severity of the disease.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

West Sussex Combined District.—Dr. Kelly's report relates to the health during the past year of eleven different districts, and in each case the mortality at groups of ages, the infant mortality, and the effect of season on health and in the death-rate are considered. The improvements as to water supply and drainage are set forth; the work done under the dairies and cowsheds order is also explained; and in certain instances such exceptional occurrences as the prevalence of enteric fever at Lancing College, which occurred in July, 1886, and on which we commented at the time, are discussed in detail. On the whole combined area the death-rate for 1886 was 16·4, and the birth-rate 27·8 per 1000 living, the former being somewhat higher than it has been since 1876, when it stood at 16·5. The zymotic class of diseases caused deaths at a rate of 2·4 for every thousand living; but, in discussing this class, Dr. Kelly wisely reminds his authorities of the very dissimilar character of the diseases which have been grouped together in it, some being the current catching infections, such as small-pox and scarlet fever; others not at all catching in the same sense, such as

diarrhœa; and the various members of the group differing almost as far as it is possible in point of causation. The whole record, with its excellent meteorological mortality and other tables, forms a further volume of a very complete sanitary history of the districts included within the combination.

Bolton Urban District.—In common with many towns, Bolton exhibited last year a higher death-rate than usually, the rate being 23·1 per 1000. During the year the infectious hospital had a satisfactory history, and its increasing popularity was shown by the admission into it of no less than 208 patients. Of these, 193 were cases of scarlet fever, amongst whom only 2 died. A further addition to the sanitary organisation of the borough has been the provision of a Washington Lyon disinfecting apparatus. The record of sanitary work carried out is a satisfactory one, and amongst the matters receiving constant and increasing attention is the state of dairies, cowsheds, milkshops, and bakehouses.

Huddersfield Urban District.—Huddersfield has maintained a comparatively small death-rate for some years, that for 1886 having been 19·5 per 1000. During the year 39 cases of small-pox came under observation, and the control of the disease was largely effected by the aid of hospital isolation. An unusual number of cases of diphtheria were also noticed, 12 attacks terminating fatally. Of scarlet fever 370 cases occurred, and Dr. Cameron expresses the opinion that had the hospital provision sufficed to grapple properly with the beginning of the epidemic in 1885, the prevalence of 1886 with its 33 deaths might have been avoided. One inspector is now almost exclusively engaged in the systematic visitation of houses with respect to their sanitary state, a duty the importance of which it would be difficult to exaggerate. In the general summary of improvements effected, it is shown that the change for good has been most marked as regards the diseases which it has been possible to isolate, whereas in infectious cases where no such practice has been possible improvement has been much less obvious.

Ilfracombe.—Dr. Slade-King opportunely reminds his readers of the advantages which Ilfracombe affords as regards climate. Thus, whilst last winter the thermometer was on several occasions nearly down to zero in many parts of England, only two degrees of frost were registered at Ilfracombe, and that on one date only. The mean temperature during December last was 42·7°F., with a range of 8·2°, and the record given of the flowers which blossomed in open air last February suffice to prove the comparative mildness of the climate. The death-rate for 1886 was 14·7 per 1000, including visitors, and 13·2 on the resident population.

Glanford Brigg Rural District.—The ironstone villages of this district have an unenviable notoriety for excess of death. Thus, in 1886, whereas the rate of mortality under one year was 13 per cent. of registered births in other parts, it reached 20 per cent. in those villages. Diphtheria was fatal during the year, and it was found necessary to close the schools before the disease could be arrested. Amongst the directions in which future work is needed we note the absence of good drinking water in many of the villages, and in some instances Mr. Moxon advocates the extension of rain-water storage to meet an admitted difficulty in procuring a supply. Some improvements have been effected in the matter of sewerage, and the inspector of nuisances supplies a good list of work done in his department. The general death-rate on a population of about 31,000 was 17·3 per 1000.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5726 births and 4158 deaths were registered during the week ending November 26th. The annual rate of mortality in these towns, which had been 20·0 and 21·1 per 1000 in the preceding two weeks, further rose last week to 23·5. During the first eight weeks of the current quarter the death-rate in these towns averaged 20·3 per 1000, and was 0·8 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 13·8 in Leicester, 16·1 in Wolverhampton, 16·5 in Cardiff, and 16·9 in Norwich. The rates in the other towns ranged upwards to 29·6 in Halifax, 30·6 in Preston, 31·6 in Newcastle-upon-Tyne, and 34·4 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 402 and 404 in the preceding two weeks, rose last week to 480; they included 126 from scarlet fever, 115 from whooping-cough, 92 from measles, 44 from "fever" (principally enteric), 44 from diphtheria, 41 from diarrhœa, and 18 from small-pox. No deaths from any of these zymotic diseases were registered last week in Wolverhampton or in Cardiff, whereas they caused the highest death-rates in Sheffield, Bolton, Bradford, Derby, and Blackburn. The greatest mortality from scarlet fever occurred in Bolton, Sheffield, Preston, Bristol, Blackburn, and Birkenhead; from measles in Blackburn, Birmingham, Bolton, Bradford, and Derby; from whooping-cough in Norwich and Oldham; and from "fever" in Preston. The 44 deaths from diphtheria in the twenty-eight towns included 31 in London, 3 in Manchester, and 2 in Portsmouth. Small-pox caused 16 deaths in Sheffield, 1 in Bristol, and 1 in London, but not one in any of the twenty-five other large provincial towns. The metropolitan hospitals receiving cases of small-pox contained 13 patients on Saturday last, against 16 at the end of the previous week. The number of cases of scarlet fever in the Metropolitan Asylums Board hospitals and in the London Fever Hospital at the end of the week was 2764, against 2737 on the previous Saturday; the cases admitted were more numerous than in the previous week. The deaths referred to diseases of the respiratory organs in London, which had been 506, 438, and 461 in the preceding three weeks, further rose last week to 560, and exceeded the corrected average by 90. The causes of 89, or 2·1 per cent., of the 4158 deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bradford, Preston, and in four other smaller towns. The largest proportions of uncertified deaths were recorded in Halifax, Sheffield, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19·9 and 22·0 per 1000 in the preceding two weeks, further rose to 23·5 in the week ending Nov. 26th; this rate corresponded with the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 18·8 and 19·4 in Dundee and Perth, to 24·4 in Glasgow and 25·8 in Paisley. The 580 deaths in the eight towns last week showed a further increase of 39 upon the numbers returned in recent weeks, and included 30 which were referred to whooping-cough, 13 to measles, 12 to "fever" (typhus, enteric, or simple), 11 to scarlet fever, 8 to diarrhœa, 4 to diphtheria, and not one to small-pox; in all, 78 deaths resulted from these principal zymotic diseases, against 74 in each of the preceding two weeks. These 78 deaths were equal to an annual rate of 3·1 per 1000, which exceeded by 0·4 the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 26 in each of the preceding four weeks, increased last week to 30, of which 15 occurred in Glasgow, 6 in Greenock, and 3 in Edinburgh. The deaths from measles, which had slowly increased in the preceding five weeks from 5 to 8, further rose last week to 13, and included 5 in Edinburgh and 4 in Dundee. The deaths referred to "fever" rose from 6 and 11 in the previous two weeks to 12, and included 7 in Glasgow, 2 in Edinburgh, and 2 in Paisley. The 8 deaths attributed to diarrhœa showed an increase of 2 upon the number in the previous week. The 11 fatal cases of scarlet fever, on the other hand, had declined from 17 and 16 in the previous two weeks to 11; of these 3 occurred in Dundee, 2 in Glasgow, 2 in Edinburgh, and 2 in Leith. The 4 deaths from diphtheria also showed a decline from recent weekly numbers. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 107 and 144 in the preceding two weeks, further rose last week to 156, and were 31 above the number returned in the corresponding week of last year. The causes of 75, or nearly 13 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 31·0, 32·1, and 34·6 per 1000 in the preceding three weeks, declined again to 33·8 in the week ending November 26th. During the first eight weeks of the current quarter the death-rate in the

city averaged 29·9 per 1000, the mean rate during the same period being but 19·7 in London and 19·2 in Edinburgh. The 229 deaths in Dublin last week showed a decline of 5 from the high number in the previous week; they included 11 which were referred to scarlet fever, 8 to measles, 6 to whooping-cough, 3 to "fever" (typhus, enteric, or simple), 3 to diphtheria, 2 to diarrhœa, and not one to small-pox. Thus the deaths resulting from these principal zymotic diseases, which had been 45 and 29 in the preceding two weeks, rose again last week to 33; they were equal to an annual rate of 4·9 per 1000, the rate from the same diseases being 2·8 in London and 2·6 in Edinburgh. The fatal cases of scarlet fever, measles, and whooping-cough showed an increase upon the numbers returned in the previous week, while the deaths referred to "fever" and diarrhœa were less numerous. The 3 deaths from diphtheria corresponded with the number in the previous week. The deaths of infants were less numerous than in the previous week, while those of elderly persons showed a further increase. Seven inquest cases and 5 deaths from violence were registered within the city; and 55, or nearly a fourth, of the deaths occurred in public institutions. The causes of 45, or nearly 17 per cent., of the deaths in the week were not certified.

THE SERVICES.

WAR OFFICE.—Grenadier Guards: Surgeon William Campbell, M.B., from the Scots Guards, to be Surgeon-Major, in succession to Brigade Surgeon A. G. Elkington, retired (dated Nov. 5th, 1887).—Scots Guards: Surgeon Robt. Ashton Bostock, Medical Staff, to be Surgeon, vice W. Campbell, M.B., promoted into the Grenadier Guards (dated Nov. 30th, 1887). Army Medical Staff: Surgeon-Major John Albert Anderson, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon (dated Nov. 30th, 1887).

ADMIRALTY.—Staff Surgeon Solomon Kellett has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet (dated Nov. 25th, 1887). In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet Surgeon Solomon Kellett has been placed on the retired list of his rank (dated Nov. 25th, 1887).

The following appointments have been made: Staff Surgeon C. C. Gooding, to the *Agamemnon;* Surgeon L. H. Kellett, to the *Rover;* Surgeon J. A. Vasey, to the Portsmouth Division of Royal Marines; Surgeon E. A. Spiller, to the *Duncan;* Surgeon R. A. Fitch, to the Royal Marine depôt at Walmer, temporary; Surgeon J. L. Thomas, to the *Britannia,* temporary; Mr. Charles F. Downman to be Surgeon to Her Majesty's Coast Guards for Burnham and Roach River Stations; and Mr. Denis Hassett to be Surgeon and Agent at Kilmore.

RIFLE VOLUNTEERS.—13th Lancashire: Acting Surgeon W. Anderton resigns his appointment (dated Nov. 26th, 1887).

Correspondence.

"Audi alteram partem."

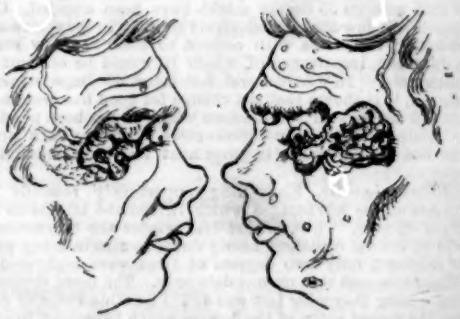
SIR JAMES PAGET'S "MORTON LECTURE" ON CANCER AND CANCEROUS DISEASE.

To the Editors of THE LANCET.

SIRS,—Those who, like myself, listened to Sir James Paget's recent lecture at the Royal College of Surgeons must have felt no less charmed with its eloquence than with its philosophy. But being desirous of instituting a scientific inquiry into the origin of cancer—which term I hold should be regarded as synonymous with "malignant disease"—I was disappointed that Sir James, instead of dispelling the mist which surrounds many of the phenomena of cancer, should, in my humble judgment, have added fuel to a controversial topic, first, by declining to recognise certain truisms, and, secondly, by introducing a number of side issues, which must seriously complicate the main question.

Sir James has purposely declined to express in unequivocal language any tangible opinion on the nature of cancer, but the report of his very able lecture will leave no room for doubt in the minds of those who read it that he considers cancer to be a blood disease and of micro-parasitic origin. Unprepared at present to refute Sir J. Paget's theory, I must content myself by saying that what observations linked together by him in a particular manner may appear in favour of it, will, if viewed from a different standpoint, oppose it. *In limine,* I go further than Sir James, and define cancer or malignant disease as a distinct focus or growth, whose component cells have arisen from normal cells, and which begin to infiltrate and consume healthy adjacent cells, the new growth sometimes generalising by the lymphatic and sometimes by the vascular system. Such is cancer regarded from its clinical aspect, and I submit that the disease is a distinct entity, clearly distinguished from every other pathological condition with which we are acquainted; this definition, further, separating the malignant from the non-malignant tumours. Sir J. Paget rightly remarks that the space between innocent tumours and cancers is filled with examples of intermediate forms; but if we pursue his reasoning a little further, the isolable fatty tumour merges into the ill-defined fatty tumour, and thence into ordinary adipose tissue, which is a normal constituent of the body, and, in common with all other normal tissues, has developed from a parent cell—the human ovum.

In lectures which I delivered at the Cancer Hospital in March, 1886,[1] I endeavoured to substantiate the local theory of the origin of cancer. Let me now say that from that time to this I have not seen a single case of cancer the occurrence of which could not be explained by some source of local irritation. The drawing exhibited here shows an



example of symmetrical epitheliomatous growths invading the eyelid. Sir James Paget and his school will consider this an instance in favour of the "constitutional" or "blood" theory, but to me it seems only a rare example of cancer occurring by two distinct foci in *parts which, being symmetrical,* have been exposed to the same source of local irritation. Whilst describing cancer as local in its origin, and maintaining that it should be classified as a local disease, it is not antithetical to admit the hereditary element as a factor in its production—e.g., that congenital phenomenon, the supernumerary digit, is typically a local condition proved to depend upon hereditary transmission.

Since this or like examples might be shown to descend from parent to offspring, I cannot believe that such transmission is effected through the agency of the blood, but through the impregnated ovum, from which every cell in the body of the offspring is ultimately formed, and this appears the explanation of the "numerous cases in which the cancer in the offspring is not in the same part as it was in the progenitor," every cell in the offspring inheriting the predisposition from the progenitor, but the disease beginning only at a focus ultimately exposed to a superadded excitation. Since my lectures were reprinted, by your courteous permission, from THE LANCET in a pamphlet form, I submitted them to Sir W. Gull, who very kindly favoured me with the following terse exposition of his views on the subject:—

"As the ovum differentiates into organs and the parts of organs, there is carried the hereditary force for good and for evil. Hence the local characteristics of the individual, expressive of the stock from which it came (heredity). The constitutional tendency is, therefore, *expressed locally,* as the voice of a man is that of his family, but this depends upon the structure of the larynx. Cancer, as this would

[1] Cf. THE LANCET, 1886, vol. i., pp. 682, 835.

lead us to believe, though in a sense inherited, is so only from the local disposition of certain parts. Practically, therefore, it begins locally, and may and must be thought of in its first occurrence in the system as a *local disease*."

Finally, whilst disinclined to join issue with Sir James Paget upon every point, his statement that we have not yet found a method for either the prevention or the cure of cancer cannot be allowed to pass unchallenged, for instances in which the disease has been cured are familiar to most practitioners; and though there is no common method applicable for the prevention of all kinds of cancer, there are recognised principles to be adapted to many of its varieties. As examples, let me cite the premonitory induration of the tongue or lips in elderly subjects caused by irritation from the stumps of teeth, or by smoking, which will often spontaneously resolve upon removal of the exciting cause. Leucoma or psoriasis of the tongue, dependent upon local irritation coupled with syphilitic taint, may be resolved by antisyphilitic treatment sedulously carried out. Where cancer is presumed to be about to commence in the scrotum of a sweep, change of employment and cleanliness should be insisted upon, and suitable local treatment employed. *Cessante causâ, cessat effectus.*

I am, Sirs, yours faithfully,

CHARLES E. JENNINGS, F.R.C.S. Eng.

Upper Brook-street, Grosvenor-square, W., Nov. 19th, 1887.

"THE NATURE OF SMALL-POX."

To the Editors of THE LANCET.

SIRS,—The fact that Mr. Birdwood has had almost unequalled advantages for acquiring a special knowledge of small-pox naturally directs attention to his theory. Mr. Birdwood asks us to believe that the pocks in small-pox develop from spores adhering to the skin of the patient who has been exposed to a spore-laden atmosphere. And he asks us to believe this on the strength of two statements.

The first statement is that this hypothesis accounts for the distribution of the pocks. Those who have examined many cases of small-pox in the unvaccinated must have been struck by the copiousness of the eruption on the back as compared with the abdomen. And this difference is much more striking than the difference between the number of pocks on the exposed parts and on the back. But, according to Mr. Birdwood's theory, in the race for spores the face and hands should be first, and the rest nowhere.

The second statement is that "on the unprotected the number of pocks does depend on the circumstances of exposure." That would, if proved, be a very interesting fact. But much definite evidence must be brought forward before anyone can effect so revolutionary a change in the general belief. Few would positively deny that it is conceivable an unprotected person might be more seriously attacked by small-pox after nursing a hæmorrhagic case than after passing a discrete case in the street, but the general effect of small-pox experience on the minds of medical men is to bring about a strong belief directly opposed to Mr. Birdwood's. Instances of the severest confluent small-pox where the patient and his friends cannot even guess the source of infection are very common in small-pox hospitals, and everyone who has seen families brought into small-pox wards, sometimes in groups, must have noticed the remarkable variations in the severity of the different cases from one household. It is highly probable that unknown personal "idiosyncrasies" have far more to do with the character of the attack than have the circumstances of exposure.

Having thus seen objections to the acceptance of Mr. Birdwood's two statements in support of his theory, one may look at the arguments against it, and in favour of that which is usually accepted.

1. Small-pox, scarlet fever, typhus, measles, and chicken-pox all begin with illness followed by eruption. As regards the *copiousness* of the eruption: scarlet fever rather prefers the neck, chest, and abdomen; typhus the sides of the chest and abdomen; measles the back; and chicken-pox the chest and back. Why should small-pox be classed by itself because it prefers the face, wrists, and back? The theory that the poison is spread by the circulation does not explain this preference, but neither does it explain the selections of the others. In this respect these maladies are all on a par, and one can find no reason for removing small-pox from acute febrile diseases.

2. In small-pox the initial fever is severe for two or three days before the pocks appear. Until an hour or two before the actual eruption no unusual sensation whatever is felt in the skin. Why then attribute so striking a general fever to an as yet non-existent irritation in the skin? The common theory keeps the cart behind the horse, and does not attempt to make the pocks account for a fever which precedes them.

3. In many cases of small-pox the line of pressure of a garter, waistband, brace, &c., is traced out by an extra number of pocks. The circulation theory explains this naturally, because a congestion occurs in such places when the pressure is removed, and it is easy to suppose that there would therefore be a great pock-formation. But on the spore-adhering theory these are the very parts where pocks should be fewest.

4. In many cases of hæmorrhagic small-pox the pocks are few, ill-developed, and never get beyond the early papular stage, whilst over nearly the whole surface of the body violent redness, rapidly becoming purple, shows the extraordinary skin hæmorrhage that takes place. In such cases the post-mortem examination reveals that singular distribution of internal hæmorrhages which is peculiar to small-pox, and of which the hæmorrhage into the substance of the wall of the pelvis of the kidney, not merely, as usually believed, into the cavity of the pelvis of the kidney, is the most striking example. To explain such occurrences on his theory, Mr. Birdwood must suppose absorption and subsequent circulation of the organisms, thus tacking the old theory on as an occasional necessary adjunct of the new.

5. When formerly small-pox virus was intentionally placed in a patient's skin, the process was followed in a day or two by the appearance of one or more papules. The patient then wandered into no spore-laden atmosphere, but awaited events in his room, and about eight days later a general crop of papules appeared. Are we to suppose that the primary papule used its central depression, like a volcano its crater, to pour forth spores which the patient then rearrested and developed into his general eruption? It is hardly necessary to suggest other points, such as the occurrence and locality of initial rashes. So great are the objections to Mr. Birdwood's theory, that one cannot but continue to class small-pox with the other acute febrile diseases, which it resembles in so many points; and also to confess, with Sir James Paget, that "we cannot tell why small-pox is especially manifested on the skin."

I am, Sirs, yours truly,

JAMES STRUTHERS, Jun., M.B., C.M. Aberd.

Lewisham, Nov. 1887.

NEPHRECTOMY.

To the Editors of THE LANCET.

SIRS,—I regret that I was prevented from attending the last meeting of the Royal Medical and Chirurgical Society to discuss Mr. Warrington Haward's interesting case of nephrectomy, as I had promised. It would seem from the youth of the patient, and from the fact that one kidney was healthy, the case was well selected and one eminently favourable for surgical interference; and those who have Mr. Haward's acquaintance know that in trusting to his manipulative skill the patient had secured one safeguard against the accidents inseparable from surgery. The ill result must therefore, I think, be attributed to the operation chosen. Two reasons are given for the choice of the abdominal operation in preference to the lumbar: (1) the mobility of the kidney; (2) its size. The first of these operators may for the future entirely disregard. The mobility of the kidney, so far from necessitating an abdominal operation, renders the lumbar operation much more easy to perform. In support of this, I may mention that two years and a half ago I removed through the loin a kidney full of stones, which dropped so low in the iliac region that the fingers could be pressed in between it and the ribs; and when the patient lay on the opposite side it fell across the umbilicus. This was the easiest nephrectomy I have yet performed. The second reason I am unable to gauge, as no measurements are given; but of this I am certain, that very much larger tumours may be removed by the loin than surgeons have been inclined to attempt, if they will adopt the oblique crucial incision I have always advocated. This consists of an oblique incision parallel with the last rib, and a finger's breadth below it, followed by a

vertical, corresponding to the margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. Tumours containing fluid may be always reduced in size by tapping before being removed, and a large suppurating kidney should be drained before nephrectomy is undertaken. Experience has shown that the ureter, however thickened, causes no trouble, and may be left in the wound secured with a simple catgut ligature. The stitching of this to the surface must add a danger both immediate and remote. One speaker referred to a kidney so adherent that he thought it would be impossible to remove it from the loin. I believe a kidney, however adherent, may always be so removed, if the capsule be left behind. There is a patient leaving Guy's Hospital to-day quite well, whose left kidney I removed about five weeks ago. It had been suppurating for nine years, and was closely adherent to the colon and surrounding structures. To have removed it together with the capsule would have been certain death, but it was stripped out without much difficulty from within the capsule. I have now removed five kidneys in succession through the loin without a death, and this success depends not on the operator, but on the operation (which, speaking generally, should almost always be lumbar), and on a proper selection of cases suitable.

I am, Sirs, your obedient servant,

R. CLEMENT LUCAS, B.S., F.R.C.S.,
Senior Assistant Surgeon to Guy's Hospital.

Finsbury-square, Nov. 28th, 1887.

CHIAN TURPENTINE AND CANCER.

To the Editors of THE LANCET.

SIRS,—It is now some seven years ago since Professor Clay gave to the profession, through the medium of your journal, the welcome intelligence that at last a specific cure for cancer had been found in Chian turpentine; and I think it may without fear of contradiction be asserted that no remedy has had a fairer trial at the hands of his *confrères* or more grievously disappointed them. It is true that Mr. Clay endeavoured to get over the discrepancy by alleging the impurity of the drug used, but doubtless many like myself still continued their observations with the genuine article as supplied by Southall of Birmingham, to find the result still the same.

Notwithstanding the almost unanimous condemnation of the treatment, I find in a later paper of Mr. Clay's (THE LANCET, vol. ii. 1881, p. 1033) these words: "An enlarged experience, however, has confirmed the statements made in my original paper, and I have now the satisfaction of being able to declare that I have nothing to withdraw or to qualify as regards the statements I then made as the result of observation as to the effects of Chian turpentine in uterine cancer." From time to time he has favoured his professional brethren with repeated cures of cancer by this remedy, and even so recently as in your last week's issue three more examples are given. But what about the failures? In the interest of the public at large, such claims as Mr. Clay makes for Chian turpentine ought not to pass unchallenged by those who differ from him. Unfortunately, examples of cancerous disease are only too common upon whom this remedy (supplied, if necessary, by his own chemist) might be tested by a tribunal in whom the profession at large would have confidence, and the doubt once and for all resolved. If this drug came out of the ordeal triumphantly, then I feel sure there would not be a single dissentient to Mr. Clay occupying a position not inferior to Jenner or Harvey as one of the greatest benefactors of our species; but if, on the contrary, it is wholly useless as a remedy, then let it drop into a well-merited, and not too premature, oblivion.

I am, Sirs, yours truly,

Nottingham, Nov. 21st, 1887. GEORGE ELDER.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—With your permission I should like to say a few words in reply to Mr. Holmes' sweeping condemnation of the power possessed by the Council of Surgeons of electing to the Fellowship Members of twenty years' standing, two in each year. If as many as that, or more, should present claims arising from the work done during that twenty years, which claims are open to the investigation and criticism of the Council, I think it would be out of all reason to reject them on the ground of there having been no examination. How many of the Fellows who have gained their position in the only way Mr. Holmes would recognise, and have not been engaged in teaching or lecturing, would be able to retain it if, after twenty years of active practice, they were asked to undergo a second, similar to that which gave them their qualification? In my own case, the twenty years were spent in active and successful practice as a hospital surgeon, and though so many things practically useless were probably forgotten that an examination would have been difficult to pass, I yet believed that on assuming the position of consulting surgeon to the same institution I should not be asking too much in seeking to be recognised as a Fellow. So, I presume, thought the six gentlemen who, as already Fellows, signed my application. I believe in my own year mine was the only application, and I do not think these have ever been very numerous. But if they were to seek the honour, and were to present the same testimonials, I do not think the status of the Fellows would be so lowered by granting it, as Mr. Holmes seems to think.

I am, Sirs, your obedient servant,

Dec. 1st, 1887. J. H. GRAMSHAW, F.R.C.S. (by election).

PHARMACEUTICAL WEIGHTS AND MEASURES.

To the Editors of THE LANCET.

SIRS,—Since the introduction of the *cental* system (which, it may be surmised, is a step towards the future decimal system) into the Pharmacopœia, our weights and measures for surgery use have become troublesomely obsolete, so much so that it is with difficulty that the general practitioner who dispenses his own medicines can now do so without great waste of valuable time and much mental labour, in having to reduce his drachms and ounces to minims or grains. Solutions that were formerly prepared as so much per *drachm* or *ounce*, have become now so much per *cent*. It is a matter of surprise that the vendors of our weights and measures have not been sufficiently alive to the wants and requirements of the times, and sufficiently enterprising to supply a demand which is now seriously felt, for weights marked in grains, and measures in minims, in grades of tens and hundreds, instead of the old-fashioned and now virtually obsolete scruples and drachms, and fluid drachms with their halves. I would suggest that weights be now made according to the following gradation: 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60, 100, 250, and 500; that minim measures be graduated on the left hand in drachms and half-drachms, and on the right hand be marked in grades of 10 minims up to 200, the first 100 having intermediate or 5-minim lines; that ounce measures be graduated on the left in ounces and half-ounces, the first half-ounce being subdivided into drachms, the second into two drachms; and on the right in 25, 50, and 100 minims; and that half-pint measures be graduated on the left in half-ounces and ounces, and on the right in grades of 100 minims. Some recognition of the old system, it is obvious, should be retained, and, although only recommended above for fluid measures, the requirements being greater, might also be adopted for the new weights; for instance, the 20 gr. weight might be stamped on the obverse side with the old symbol, ℈j; the 30 gr., ʒss.; the 40 gr., ℈ij., and the 60 gr., ʒj.

Were the above weights and measures possible to be obtained, and supplied through the ordinary channels, the labour and mental calculation saved to the busy practitioner would be immense.

I am, Sirs, yours truly,

Dovercourt, Nov. 1887. W. W. HARDWICKE.

THE PREVENTION OF PUERPERAL SEPTICÆMIA.

To the Editors of THE LANCET.

SIRS,—An ounce of fact is worth a ton of theory, gaseous or sagacious. Here is a single fact. It occurred in connexion with the case of extra-uterine gestation—a note regarding which appeared a fortnight ago, and also to-day in your columns. There could be no doubt as to "septic

infection" (whatever the phrase stands for) being derivable from this patient, as she was septicæmic from decomposition of the placenta before its entire separation from the sac.

The next point is, that at one of the dressings, after separation had fairly begun, I removed, partly with dressing forceps partly with my fingers, a considerable piece of the decomposing placenta. My fingers were malodorous, showing their skin to have been soaked with micro-organism excrement and decomposition products, even after washing with a solution of perchloride of mercury, of moderate strength, in the room.

On going home I found a message from a midwife, asking me to help a case over for her with the forceps. I purified my hands in the course of about three minutes by using (1) soap and warm water with the nail-brush; (2) remembering how the stench of uterine cervical cancer is got rid of from the examining finger by turpentine, I washed my hands with turpentine, using the saturated nail-brush, then more soap and water, and finally rinsing in a solution of iodine. I washed my hands and instruments at the patient's in iodised hot water, and used fresh carbolic oil for lubrication. The patient, a multipara, got up, I am informed, as I did not require to see her after delivery, on the celebrated "ninth day," and made a perfectly good recovery, being now quite well.

A case of this kind (my own cases also at the time were non-septicæmic), where a good deal of vaginal manipulation took place, and where the fingers were, not half an hour before, in a septic state, answers various questions. It is not a merely providential escape from the production of what is pedantically and euphemistically termed "heterogenetic" septicæmia. "Rash!" some who have been wittily described as having "passed the climacteric," and so are unchanging in their views, will exclaim. I reject the imputation, for I have faith founded on fact in appropriate antisepticism properly performed.

I am, Sirs, your obedient servant,

ARCHIBALD D. MACDONALD, M.D. Edin.

Liverpool, Nov. 23th, 1887.

ELECTION OF ASSESSOR IN THE UNIVERSITY OF ST. ANDREWS.

To the Editors of THE LANCET.

SIRS,—I trust you will permit me to appeal to my fellow-graduates of this University in support of the candidature of Dr. John Duncan as the Assessor in the contest now going on. The high position which this gentleman holds, whether regard be had for his professional or his academic distinction, eminently qualifies him for the post, added to which, being on the spot, he will be enabled to attend all the University court meetings, which it will be wholly out of the power of his opponent, Viscount Cross, to do, as must be well known. I am, Sirs, yours obediently,

JOSEPH ROGERS.

Montague-place, Russell-square, London, Nov. 30th, 1887.

"IS CANCER CONTAGIOUS?"

To the Editors of THE LANCET.

SIRS,—I have been looking over my "Cause of Death Certificates" from March, 1883, to present date, and if you think the following cases, which have happened in my own practice, worth a corner in your valuable journal, I should like to bring them before the notice of the profession, as I think they might perhaps interest some of your many readers:—

E. G., aged 51	Cancer of breast	March, 1883.
H. H., aged 58	Cancer of breast	July, 1883.
J. D., aged 54	Cancer of testicle and stomach	Oct., 1884.
H. C., aged 56	Cancer of uterus	March, 1885.
G. W. B., aged 66	Cancer of rectum	Oct., 1885.
M. D., aged 55	Cancer of uterus	Jan., 1886.
T. C., aged 48	Cancer of tongue	Aug., 1886.
G. T., aged 74	Cancer of rectum	March, 1887.
E. C., aged 31	Cancer of vagina and uterus	April, 1887.
E. J., aged 58	Cancer of breast	May, 1887.
S. P., aged 65	Cancer of stomach	Sept., 1887.

The discharges from some of these cases were incessant and extremely offensive, in spite of the utmost cleanliness, and not only the rags, but the houses were saturated with what I may perhaps be allowed to call "cancer smell," strong carbolic acid lotion and other disinfectants being constantly necessary to enable the inmates to remain with the patient. In each of my cases, husbands, relatives, and nurses are all at the present time in perfect health. Some of them certainly complained occasionally of the smell going down their throats and "settling on their stomachs," as they called it, which was not surprising; but these symptoms readily yielded, at my suggestion, to a strong glass of brandy-and-water.

As there are always two sides to every question, would it not be well to collect evidence if we can, and see on which side the balance in favour of or against the contagion theory lies? I am, Sirs, yours faithfully,

L. NICHOLLS, M.R.C.S. Eng., L.S.A. Lond.

Bury St. Edmunds, Nov. 28th, 1887.

To the Editors of THE LANCET.

SIRS,—In a thesis written for the M.D. (Camb.) degree in June last, I made reference to the above subject; and, in support of my belief that malignant diseases are contagious, not only by immediate contact as mentioned by Sir Peter Eade, but also in a wider sense, I ventured to record the following, which occurred in my practice about two years ago: In a fen district, nine miles from any town or railway, and three from the nearest village, and with very few dwellings in it, three labouring men, all beyond middle age, living at separate houses and working together on the same farm, were each the subject of malignant disease within a comparatively few weeks of one another. Two of them had malignant disease of the stomach, and died at their own homes, the third had malignant disease of the œsophagus, and died at University College Hospital, where he was sent for surgical treatment. In the same thesis I wrote of the possible part played by the lymphatic system in the reception and ultimate development of the particular cell or cell products, which probably is the form the contagious material takes.

I am, Sirs, yours faithfully,

WM. GROOM, M.D. Cantab., &c.

Wisbech, Nov. 17th, 1887.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

A MEDICAL MAYOR FOR DURHAM.

MR. W. C. BLACKETT, a general practitioner in the ancient and cathedral city of Durham, has been elected Mayor. Mr. Blackett was apprenticed to the late Dr. Green of Durham, and is an old pupil at St. Thomas's. While assistant to Dr. Green, in 1849, during the cholera epidemic he rendered exceptional services in many places in the county of Durham. He afterwards settled in practice in Durham, and entered the municipal body, having previously pledged himself to keep aloof from all cliques and parties. After twelve years' service he left the Council, and at the end of nine years went back again. Then he retired to avoid the turmoil of a contest at a time when small-pox was prevalent, in order to prevent the spread of the disease. Mr. Blackett, who is in the prime of life, has reached now every honour in the power of his city to bestow, being Alderman, Justice of the Peace, as well as honorary Surgeon-Major to the 4th Durham Rifles. He is a keen sportsman and supporter of all manly games, such as cricket, quoits, football, boating, and swimming, as well as a benefactor to all local friendly societies.

FERRILE EPIDEMIC IN THE NORTH.

For the last month an epidemic of a peculiar nature, whether as regards its frequency or some of its symptoms, has prevailed here. The patients are generally adults, taken ill, as a rule, with a rigor or slight chill; this is followed by feverishness and headache (the latter often severe), suggesting typhus. There is very little cough, and but trifling mucous irritation. Constipation is always present, and the high temperature continues for nearly a week. Muscular pains are complained of, and the head symptoms often include transient delirium. While the practitioner is perhaps considering what form of fever he has to deal with, the symptoms rather suddenly subside, but the convalescence is

slower than that observed after an ordinary cold. The absence of catarrh and sore throat in so many cases is remarkable. The affection is decidedly infectious, visitors paying one short call to a convalescent being often attacked within twenty-four hours. The weather in the north has not been at all severe.

A PROVIDENT MEDICAL ASSOCIATION FOR NEWCASTLE.

A meeting of practitioners to consider the desirability of founding a Provident Medical Association (on the lines of those existing in Leicester, Sunderland, Reading, and other large towns) was held in the library of the Royal Infirmary in this city last week. Dr. Philipson presided. The project gave rise to considerable discussion, but ultimately a resolution was agreed to to appoint a general committee of inquiry to see how far the proposed association was compatible with the existence of medical charities in the city, some of which are already to a great extent provident.

Newcastle-on-Tyne, Nov. 30th.

DUBLIN.

(From our own Correspondent.)

THE ENTRIES AT THE DUBLIN MEDICAL SCHOOL.

THE following is the official return of anatomical students for the present session:—

School.	Session 1887-8.	Session 1886-7.
Trinity College	219 ...	225
Ledwich	196 ...	217
Carmichael	165 ...	181
Royal College of Surgeons ...	134 ...	129
Catholic University	90 ...	80

From these figures it will be seen that, compared with last session, there is a decrease of six at Trinity College, twenty-one at the Ledwich, and sixteen at the Carmichael respectively. On the other hand, there has been an increase of five at the College of Surgeons, and ten at the Catholic University. Last year there were 832 anatomical students, this year 804, or a decrease of 28 on the general total.

PRECAUTIONS AGAINST SMALL-POX.

In consequence of the recent outbreak of small-pox in the south-east of Dublin, posters have been placarded about the city at the instance of the Public Health Committee of the Corporation. Various suggestions are made to the citizens, more particularly the poorer classes, urging the necessity of vaccination, and the desirability of sending every case of small-pox to the Cork-street Fever Hospital, so as to prevent the disease spreading. Other recommendations are also given, which have been found useful on similar occasions.

MERCER'S HOSPITAL, DUBLIN.

This inquiry has been adjourned to Dec. 12th, when it is believed that a basis of compromise between the contending parties will be brought before the governors for ratification.

ROYAL COLLEGE OF SURGEONS.

Dr. J. Wallace Boyce, late medical officer of Stillorgan dispensary, has been presented with an address, accompanied by a valuable gift, by the inhabitants of Stillorgan and its neighbourhood.

Mr. Rowland Scovell, M.B. T.C.D., has been elected house-surgeon to the Monkstown Hospital, co. Dublin.

Dublin, Nov. 29th.

BELFAST.

(From our own Correspondent.)

BELFAST ROYAL HOSPITAL.

FROM the report presented at the ninety-fifth annual meeting of the Belfast Royal Hospital, held recently, we learn that during the year ending August 31st there were 2238 intern patients (more than 100 in excess of last year), while in the extern department there were 15,237 patients treated. During the year Dr. Ross (physician), Dr. Byers (gynæcologist), Dr. Browne (surgeon), Dr. Nelson (ophthalmic surgeon), and Dr. J. A. Lindsay (assistant physician), having vacated office, were unanimously re-elected. The amount needed to secure Mr. Foster Green's generous offer to build a new wing to the Throne Hospital is not yet raised, but the Board of Management hope that before the year is ended the needful sum will be contributed. The small hospital already at work under Dr. Lindsay's medical care has been most successful. The hospital commenced the year with a deficit of £1048 8*s.* 2*d.*; at the close there is a balance against it of £581 8*s.* 1*d.* In addition to the sum of £354, the sum of £4100 has been invested during the year. From the medical and surgical staff report we gather that of the intern patients 965 were medical and 1273 surgical, while of the extern cases 2995 were medical and 12,242 were surgical. The intern and extern cases together numbered 17,445. Clinical instruction was given in the wards to 141 students during the winter, and to 82 during the summer session.

THE BELFAST MEDICAL STUDENTS' ASSOCIATION.

The opening meeting of this Association was held on the 22nd ult., when the President for the present session (Dr. J. A. Lindsay) gave a very interesting address. A lengthened discussion then took place in reference to the new regulations of the Royal University, which have given rise to the utmost dissatisfaction among the Belfast medical students. It was pointed out that these changes acted most unfairly in being retrospective, and attention was drawn to the fact that when students wrote to the officials of the University asking for explanations of these new changes, they received most oracular or diverse opinions. A resolution was passed unanimously that a sub-committee of the Association be appointed to take counsel's opinion as to the legality of these new regulations being enforced in the case of those students who entered before these changes were published. It is rumoured that further alterations in the regulations are about to be suggested to the Royal University by the Standing Committee. I need scarcely say that these perpetual changes made by the Royal University are causing many of those who in the north of Ireland were favourable to it to be utterly dissatisfied. They feel that matters will never be right until there is a University of Ulster, with its head-quarters in Belfast.

BELFAST NATURAL HISTORY AND PHILOSOPHICAL SOCIETY.

The session of the Belfast Natural History and Philosophical Society was opened in the Museum on Nov. 9th, when the President, Dr. Letts, Professor of Chemistry in Queen's College, delivered his inaugural address, before a crowded audience, on "Pasteur's Life and Researches." Dr. Letts gave a most admirable account of Pasteur's great scientific discoveries, and dwelt especially on his method of treating hydrophobia, a subject of interest to the audience, as the fact that several Belfast children bitten by a mad dog have been recently treated by M'Govern has directed attention to the matter.

EPIDEMIC OF PNEUMONIA AND SORE-THROAT.

A large number of cases of pneumonia have of late occurred in Belfast, several of which have proved fatal; while at the same time a great many cases of sore-throat, accompanied with high fever and great prostration, have been met with. It is believed by many that the prolonged dry season, by preventing the proper flushing of the drains, may have had something to do in the causation of these diseases.

THE BELFAST LYING-IN HOSPITAL.

An endeavour is at present being made to pay off the debt incurred in making some additions to this hospital. Mr. Foster Green has promised a handsome donation if all the money is raised by the beginning of the new year.

THE BELFAST MEDICAL SCHOOL.

We understand that the number of medical students is about the same this year as it was in the preceding session. There are 214 medical students at Queen's College, and about 130 at the Royal Hospital.

The annual dinner of the Ulster Medical Society was held on Wednesday evening, Nov. 23rd, in the Royal Avenue Hotel, the President (Dr. Esler) in the chair. There was a large representation of the profession present, and amongst the guests were Surgeon-Major Grose and Dr. J. W. Moore of Dublin.

PARIS.

(From our Paris Correspondent.)

THE DEATH OF DR. CAUVY.

THE death of Dr. Cauvy, who was inoculated in the month of July at the Pasteur Laboratory, has given rise, as usual, to a difference of opinion between Pasteurians and non-Pasteurians. Some of the medical papers having inserted a short note stating the bare fact that Dr. Cauvy had succumbed to rabies after the preventive treatment, the *Bulletin Médical* publishes the extracts concerning this case from the register of the laboratory, together with the history of Dr. Cauvy's illness furnished by Dr. Sabatier. The first document is as follows:—"Dr. Cauvy (François), forty-six years of age, of Béziers (Hérault). Bitten the 29th of June, 1887, on the back of the first phalanx of the right first finger. Bite very superficial; had not bled. No treatment had been applied. The dog had bitten his master while he was endeavouring to force it to drink, and had put his hand in its mouth. Rabies was recognised by M. Gillis, veterinary surgeon at Béziers, and the dog died on the 3rd of July. Dr. Cauvy was treated from the 5th to the 15th of July." The history of the case is contained in the following letter from Dr. Sabatier to Professor Grancher:—

"Béziers, Nov. 4th, 1887.

"Most honoured Professor,—I feel it my duty to inform you of the very unexpected (*presque foudroyante*) death of a patient who I am told was treated by the anti-rabic inoculation. The patient in question was Dr. Cauvy, whom you may remember to have seen at the Pasteur Institute last July. Dr. Cauvy died on Nov. 3rd, and this is what I have gathered and observed concerning the short and terrible illness of our unfortunate *confrère*. Dr. Cauvy had no morbid antecedents. He was subject to migraine. His father was gouty, his mother died of cancer of the stomach, and his only son of tubercular meningitis. For about a fortnight Dr. Cauvy had been suffering from severe pain in the head, which did not prevent him fulfilling his duties. He attributed this pain to neuralgia, and treated it with small doses of antipyrin. On the evening of Nov. 2nd slight movement was remarked, and a few fits of guttural cough. On the 3rd, after a quiet night, Dr. Cauvy awoke, apparently well, and breakfasted as usual, according to his custom, upon coffee with a little bread. At a quarter-past seven he complained of violent pain in the head, and at once lost consciousness, and was seized with convulsions. I saw him at half-past seven: intelligence was abolished; the pupils largely dilated and insensible; respiration stertorous, difficult and irregular (*entre coupée*), the lips covered with a frothy bloody saliva. The four limbs were thrown about by tonic convulsions and contractured, the upper extremities in flexion, the thumb also flexed upon the palm of the hand, the lower extremities in forced extension. The pulse was strong, regular, and 70 to the minute. The temperature, in the absence of a thermometer, appeared normal. At half-past eight a flaccid paralysis of the four limbs replaced the contracture. At a quarter past nine the contracture and convulsions returned. The pulse and breathing ceased suddenly, and the patient died of syncope and asphyxia. These symptoms of bulbar apoplexy caused a great impression upon me, on account of the special circumstances attending the case. Should they be attributed to rabic intoxication, or are they to be considered as manifestations of this disease (bulbar apoplexy) in its last period? If not troubling you too much, I should be much obliged to know your opinion.

"I am, yours, &c.,

"11, Rue de la Coquille, Béziers." "DR. SABATIER.

M. Grancher has replied that in his opinion Dr. Cauvy did not die of rabies, and the *Bulletin Médical* remarks there was no symptom of this disease. Considering that Dr. Sabatier's letter must have been in Professor Grancher's hands on November 5th—that is to say, within two days of death—it is regrettable that Professor Grancher should not have thought it desirable to obtain a portion of the medulla and prove his assertion by inoculation.

HYPNOTISM BEFORE THE FRENCH LAW.

A schoolmaster has recently been charged, at the assizes of the Nièvre, with indecent assaults upon children under his care. At the previous sessions he had admitted the offence, but declared he had acted under the influence of an irresistible impulse. The court had in consequence postponed their decision, pending the medical examination of the accused. The medical witnesses have concluded that the case is one of hysteria, and that hypnotic sensibility being developed in a high degree, the subject is only responsible to a limited extent; and an intelligent jury pronounced a verdict of acquittal. It would be interesting to know whether these enlightened experts would have come to the same conclusion had the assaults in question been made upon their own children, and what would then have been their views on hypnotism.

TANACETIC AND TRUE RABIES.

After having in two previous notes communicated to the Academy of Sciences, which were duly reported in THE LANCET, (1) the biological effects of the essence of tanaisia in developing accidents of false rabies, compared with those of true rabies, after injections of this substance into the veins of rabbits, and (2) the preventive action of the hydrate of chloral in tanacetic and in true rabies—the author, Dr. Peyraud, has now come forward to make known the results of the experiments undertaken by him to verify the preventive action of the essence of tanaisia against true rabies. If, says the author, one submits to the action of the rabic virus of rabbits on which had been previously practised during six, seven, and eight days injections of the essence of tanaisia, the development of rabies is prevented in these animals. None of those to which this preventive treatment had been applied eight months ago, have been affected with rabies, whereas two rabbits that were inoculated with rabic virus without their having been previously subjected to the tanacetic injections succumbed to true rabies, one very rapidly, and the other more tardily. Whence the author believes that he has discovered in the essence of tanaisia an effectual remedy against true rabies.

THE MINERAL WATERS OF FRANCE.

The French have long been trying to be independent of the mineral waters of Germany, and the Hydrological Society of Paris has discovered that France is the only country in Europe which is capable of providing all that concerns thermal therapeutics. For instance, according to the above society, the waters of Royat perfectly represent those of Ems; those of Châteauneuf and Bourbon-Lancy are similar to the waters of Baden-Baden and of Wiesbaden, Chatel-Guyon can rival Kissingen and Marienbad, and Saint Nectaire replaces advantageously Niederbronn.

AN EPIDEMIC OF MEASLES.

An epidemic of measles has broken out at Lille, and is reported to be committing great ravages, particularly in the most populous districts of the town. Several fatal cases have occurred, attributable to the disease itself, or to other complications.

A PROPOSED NEW FACULTY.

Owing to the importance that the School of Medicine at Marseilles has attained, the Municipal Council of that city has petitioned the Government for permission to raise it to the rank of a Faculty.

THE BACILLUS OF CANCER.

In a paper read before the Medical Society of Berlin last Monday, and which is published in to-day's *Semaine Médicale*, M. Scheurlen gives an account of his experiments with the cancer bacillus. His conclusions are as follows: (1) There exists always in cancerous tumours a bacillus which can be isolated; (2) the spores of this bacillus are met with in all microscopical preparations of cancerous tissues; (3) inoculations upon animals with pure cultures of this bacillus always give rise to the formation of cancerous tumours; (4) there is consequently a causal relation between this bacillus and cancer. The bacillus in question is from 1·5 to 2·5 μ long and 0·5 μ wide. The spores are all of the same size, 1·5 μ by 0·8 μ, of ovoid shape, slightly green, and shining. The bacilli move like the weight of a pendulum round a centre.

ANTIPYRIN, A SPECIFIC FOR SEA-SICKNESS.

M. Emile Ossian-Bonnet, in a note to the Academy of Sciences, states that he has given antipyrin in sixty instances for the relief of sea-sickness, and with unfailing success. In most cases one gramme and a half is sufficient, and when

this is not enough, a second dose never fails to produce the desired effect. In exceptional instances where the medicine cannot be absorbed by the stomach on account of the vomiting, a hypodermic injection of one gramme suffices.

Paris, Nov. 30th.

QUARANTINE AND SANITATION AT TRIESTE.

(From our Special Correspondent.)

FROM a political, commercial, and strategical point of view, Trieste is certainly one of the most important ports in the Mediterranean. It is seeking to obtain a position similar to that which was once enjoyed by Venice. The railway lines and the passes through the Alps are so combined as to lead the natural flow of commerce to Trieste. Thus the size of the town, the number of its inhabitants, and also of commercial and other men who are constantly obliged to visit Trieste, are greatly increasing. Under such circumstances, the sanitary condition of this—the principal—Austrian port becomes more and more a matter of interest to all Europe. The fact that so great an outlet to the Mediterranean was, like Marseilles, invaded by the cholera is an illustration how the sanitary condition of such a port may affect the general comity of nations. There were in the Trieste district 893 cases of cholera recorded and 554 deaths. This, however, comprises a large outlying rural district, and the number of deaths is very much increased by the inefficient care taken of the inhabitants of small villages. Thus, though the mean proportion of deaths was equal for the Trieste district to 62·3, it equalled 76·1 in the village of Prosecco. The English colony, numbering 240 persons, completely escaped, though there were two English sailors who arrived ill in port.

At the town hospital Dr. Lustig adopted a system of treatment which, it is maintained, produced very good results. In two litres of an infusion of chamomile he introduced twenty grammes of tannin, from one to five centigrammes of corrosive sublimate, and from twenty to forty grammes of rum. These two litres were suspended a considerable height above the bed. At the end of a tube he fixed a long one of vulcanite, nozzled, which he passed up the rectum to a distance of ten or more inches. The contents of the enemata, by gravitation, thus gradually found its way into the intestines. The peculiarity of the treatment consisted chiefly of the considerable volume of liquid used and the great distance the nozzle was forced into the intestines. Both the evacuations and the sickness were checked by this method. The statistical data of the hospital establishes that 325 cholera patients were admitted. Three died before they could be seen, and twenty-five were in a dying condition. Fifty more were in an advanced stage of asphyxia. Nearly all the cases had already suffered more than once, and generally several days, before they were brought to the hospital. Ten were cases of dry cholera, with no evacuations, or very few. Of these 325 cases, 117 were treated with the enemata, as described above. Eighty-three recovered, while fifteen patients treated with subcutaneous injections of morphia all died.

The fear of cholera has led to the imposition of quarantine regulations, and in the Gulf of Trieste, since October, 1884, to May, 1887, no less than 1049 ships have been retained and placed under medical observation. The crews of these ships numbered 6671 persons, and there were also 288 passengers. The shipping thus detained amounted in tonnage to 93,400 tons. At the present moment ships coming from southern Italian ports are placed under observation for seven days. But if these same ships touch at Venice or any northern port before they reach Trieste, then they are not subjected to any sort of detention. Passengers coming overland may also enter the town without the slightest interference. The authorities themselves who carry out these quarantine regulations recognise that they are absolutely useless and vexatious. They are enforced solely to satisfy the ignorant sections of the native population, and to prevent panic.

The population of Trieste, now estimated at 154,000, shows a very high death-rate. It is now 37 or 38 per 1000, but has been known to reach the appalling figure of 52 per 1000. In 1886 the deaths from phthisis and from diseases of the respiratory organs were equal to almost 31 per cent. of the entire mortality; and this is attributed to the very trying winds that prevail at Trieste. From a sanitary point of view, the town is comparatively free from bad smells; the streets are well paved, many of them broad, and well opened to light and air. The drainage, of course, is very much below the English ideal, but still is much better than in many French towns that have a lower death-rate. Also, it should be remarked that the strictest measures are taken to prevent the spread of zymotic diseases. Medical men are obliged to report all infectious cases; and a board with the name of the disease is hung up on the street door of the house, and also on the door of the room where the patient is nursed. When the patient dies or is cured, the room is fumigated, then cleaned and white-washed, and the bedding either destroyed or taken to the town disinfecting stove. Considering these precautions, it is remarkable that the death-rate should remain so high; but, at the same time, it should be noted it is falling. For the first quarter of this year it amounted to 34·7, which is in any case better than the previous records. The supply of water was stated to be good, though of very hard quality. There is a very considerable amount of poverty, and, of course, the improper nursing of children accounts in a great measure for the high death-rate. It cannot be said, however, that health questions are neglected at Trieste, and there is every reason to anticipate a marked improvement in no distant future.

Trieste, October 30th.

Obituary.

CHARLES LOUDON BLOXAM, F.C.S.

WE regret to announce the death of Professor Bloxam of King's College on the 28th ult., at the age of fifty-six. The late professor had taught in the Chemical Department of the College for thirty-three years, having been appointed Demonstrator of Chemistry in 1854, Professor of Practical Chemistry in 1856, and Professor of Chemistry, in succession to Professor W. A. Miller, in 1870. He was also Professor of Chemistry for many years at the Royal Military Academy, Woolwich, and also at the Artillery Institute at Woolwich, and he held the latter appointment up to his decease. He was one of the ablest practical chemists in Great Britain, a fluent and able lecturer, and a most genial and pleasant colleague and teacher. In addition to some papers in the chemical journals, he was the author of "Bloxam's Chemistry," a new edition of which is about to be published, and of "Laboratory Teaching," a much-liked practical text-book, which has passed through many editions, and he re-edited and considerably improved "Bowman's Practical Chemistry." He was buried in Charlton Cemetery on the 1st inst.

HENRY JEPSON, F.R.C.S.

THIS gentleman, who died on the 23rd ult., was the youngest son of the late Rev. George Jepson, Prebendary of Lincoln Cathedral. He was born on Sept. 13th, 1797, and was consequently in his ninety-first year. His early education was conducted at the Lincoln Grammar School, and upon leaving it he entered as a student at the then united hospitals of Guy's and St. Thomas's. He took the degrees of M.R.C.S. and L.A.C. in 1819, and was subsequently admitted a Fellow of the College in 1853. After qualifying, he practised for a year or two at Colnbrook, and then removed to Hampton, where he soon attracted round him a large circle of friends, among whom may be numbered the late Sir Charles Clarke, Sir Andrew Halliday, Dr. Bright, and others. After a successful career he retired from active practice about four years ago. By the poor he was much beloved, and his death will be greatly felt by them. He was formerly district medical officer for the Kingston Union, and surgeon to the Kingston Dispensary and the Royal Humane Society.

THE salary of Dr. Gayton, the medical superintendent of the North-Western Hospital, has been increased from £400 to £500 per annum.

Medical News.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on Nov. 24th, the following degrees were conferred:—

BACHELORS OF MEDICINE.—Arthur Lumsden Marshall, Clare; Richard Tanner Finch, Pembroke; Henry Skelding, Gonville and Caius; Cyril Hutchinson Walker, Jesus.

BACHELOR OF SURGERY.—Henry Skelding, Gonville and Caius.

SOCIETY OF APOTHECARIES.—The following gentlemen having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and have been admitted as Licentiates of the Society in November, 1887:—

Beckett, Louis, Aberdeen-road, Highbury.
Bulger, Alfred James, Wellington-road, Dudley.
Bokenham, T. Jessop, Albury Lodge, Cheshunt.
Cunningham, John, Rudgrave-place, Egremont, Cheshire.
Flux, George Belben, Harley-street.
Fullard, John, Burnt Tree, Tipton.
Snape, E. A., St. Mary's Vicarage, Bury St. Edmunds.
Spong, Harry, Manston House, Crossgates, near Leeds.

The following gentlemen passed the Surgical portion of the examination.

Coulton, John James, London Hospital.
Cox, W. A. Spencer, Owens College, Manchester.
Cunningham, John, Liverpool School of Medicine.
Evans, Evan, St. Bartholomew's Hospital.
Hayward, Gerald Cobden, Middlesex Hospital.
Hicks, John Sidney, London Hospital.

VACCINATION GRANT. — Dr. Clarke, of Street, Somerset, has been awarded the Government grant for efficient vaccination in his district.

AT the annual meeting of the supporters of the Edinburgh Medical Missionary Society on the 24th ult., it was reported that during the past year the total income had amounted to £3957, and the expenditure to £5132.

AT the ninth annual festival dinner in aid of the funds of the East London Hospital for Children and Dispensary for Women held on the 24th ult., subscriptions amounting to £1739 were announced by the secretary.

THE Dental Hospital of London, Leicester-square, has received £1000 from its medical staff and lecturers, towards the £5000 required for the extension of the hospital, rendered absolutely necessary in consequence of the large increase in the number of patieuts.

HOSPITAL SATURDAY FUND.—At a meeting of the Board of Delegates of this fund held on the 26th ult., it was unanimously resolved that the sum of £10,000 be distributed among the London medical charities, the largest amount yet awarded.

NORTH LONDON UNIVERSITY COLLEGE HOSPITAL.—It has been decided to hold a fancy dress ball in aid of the funds at the Hôtel Métropole on the 9th of February next. A festival dinner with the same object will also take place at the same hotel early in the following May.

MEDICAL ATTENDANCE ORGANISATION COMMITTEE.—A meeting will be held at the rooms of the Society of Arts on Tuesday, Dec. 6th, at 4 P.M., to consider the report of the above Committee upon the medical attendance of the working classes, and the relation of provident dispensaries to hospitals. The meeting, we are informed, will be a public one, and a full and free discussion of the questions brought forward is desired.

HEREFORD INFIRMARY.—The ceremony of laying the foundation-stone of a new children's ward in connexion with this institution took place on the 23rd ult., in the presence of a large assembly of supporters of the charity. The new building, which is being erected at an estimated cost of £3000, will consist of two storeys, containing on the ground floor accommodation for sixteen beds, and on the upper floor dormitories and apartments for the nurses.

THE WILLIAM F. JENKS PRIZE OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—The first award will be made by the committee for the best essay upon "The Diagnosis and Treatment of Extra-uterine Pregnancy," as soon after January 1st, 1889, as may be practicable. The prize is of the value of $250, and is open to all the world. Papers for competition must be written in English, and be presented by the said date. The prize essay is to become the property of the College.

THE sixth annual meeting of the members of the West of Scotland Sanitary Association was held on the 25th ult., when highly satisfactory financial and general reports were presented and adopted.

ROYAL SOCIETY.—At the anniversary meeting of the members of the Royal Society on the 30th ult., the following, amongst others, were elected office bearers and members of the Council for the ensuing year:—Professor Michael Foster, secretary; Sir W. Bowman, Bart., Professor Arthur Cayley, Professor David Ferrier, and Arthur Gamgee, M.D., members of the Council.

PRESENTATIONS.—At a concert held at the Assembly Rooms, Talysarn, Carnarvonshire, on the 11th ult., in connexion with the Nantlle Vale Branch of the St. John Ambulance Association, Colonel Ruck in the chair, Mr. H. J. Roberts, M.R.C.S., of Penygroes, was presented with a handsome case of surgical instruments by the members of his "First Aid" men's class, and a valuable present of surgical works by the ladies of his "Nursing" class. Mr. J. H. Jones, M.R.C.S., of Talysarn, was likewise presented with a similar present of books by the ladies' "First Aid" class, in recognition of their services as gratuitous lecturers. Certificates were presented at the same time to a great number of successful pupils.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ARMSTRONG, ARTHUR JAMES MACKENZIE, has been appointed Medical Superintendent of the Plaistow Hospital, Plaistow (Metropolitan Asylums Board).

BROOK, W. F., M.R.C.S., L.S.A., has been appointed Clinical Assistant in the Special Department for Diseases of the Skin to St. Thomas's Hospital.

BULSTRODE, H. T., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., has been reappointed Non-Resident House-Physician to St. Thomas's Hospital.

COLLINS, A. W., M.B.Vict., M.R.C.S., L.R.C.P.Lond., has been appointed Chloroformist to the Liverpool Royal Infirmary, vice W. M. Bristow, M.R.C.S., L.R.C.P., resigned.

COLMAN, HENRY, L.R.C.P.Lond., has been appointed Medical Officer for the Fifth District of the Devizes Union.

COOK, S. B., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Skin to St. Thomas's Hospital.

COOKE, E. W., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Throat to St. Thomas's Hospital.

CRISP, E. H., L.R.C.P., M.R.C.S., has been reappointed Clinical Assistant in the Special Department for Diseases of the Ear to St. Thomas's Hospital.

DAY, DONALD D., M.B., B.S. Lond., F.R.C.S. Eng., has been appointed Medical Officer to the Norwich Dispensary, vice Firth, deceased.

FAWSSETT, F., L.R.C.P., M.R.C.S., has been appointed Assistant House-Surgeon to St. Thomas's Hospital.

GOODDY, E. S., L.R.C.P., M.R.C.S., L.S.A., has been appointed Clinical Assistant in the Special Department for Diseases of the Eye to St. Thomas's Hospital.

HILLIARD, R. HARVEY, M.D., F.R.C.S.E., has been appointed Honorary Surgeon to the Buckinghamshire General Infirmary.

HINNELL, J. S., M.R.C.S., L.S.A., has been reappointed Clinical Assistant in the Special Department for Diseases of the Eye to St. Thomas's Hospital.

HODHOUSE, E., M.B., B.S.Oxon., M.R.C.S., has been appointed Resident House-Physician to St. Thomas's Hospital.

HYSLOP, THEO. B., M.B., C.M.Edin., has been appointed Assistant Medical Officer to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, Lancaster, vice H. G. Taylor, M.D.Lond., deceased.

JONES, H. S., M.R.C.S., L.S.A., has been reappointed House-Surgeon to St. Thomas's Hospital.

KENYON, GEORGE HERBERT, M.B., C.M.Ed., has been appointed Medical Officer for the Hooton Pagnell District of the Doncaster Union.

NAIRN, R., L.R.C.P., M.R.C.S., has been appointed Non-Resident House-Physician to St. Thomas's Hospital.

ORD, W. W., M.A., M.B., B.S.Oxon., M.R.C.S., has been appointed Resident House-Physician to St. Thomas's Hospital.

PARROTT, T. G., M.R.C.S., L.R.C.P.Lond., has been appointed Honorary Surgeon to the Buckinghamshire General Infirmary.

PRIMROSE, ALEXANDER, M.B., C.M. Edin., has been appointed Pathologist and Chloroformist to the Paddington-green Children's Hospital, vice Gerard, resigned.

RICHARDSON, ADOLPHUS J., M.A., M.B. Cantab., M.R.C.P. Lond., M.R.C.S., has been appointed Physician to the Sussex County Hospital, vice Shadwell, resigned.

SMYTH, H. J., L.R.C.P., M.R.C.S., has been appointed Resident Accoucheur to St. Thomas's Hospital.

SOLLY, H., M.B.Lond., L.R.C.P., M.R.C.S., L.S.A., has been appointed Assistant House-Surgeon to St. Thomas's Hospital.

STABB, E. C., L.R.C.P., M.R.C.S., L.S.A., has been appointed Clinical Assistant in the Special Department for Diseases of the Ear to St. Thomas's Hospital.

STACK, J. G. M. G., L.R.C.S.I., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator to the Gosberton District of the Spalding Union.

SUTHERLAND, GEORGE A., M.A., M.B., M.R.C.S., has been appointed House-Surgeon to the Paddington-green Children's Hospital.

TEBB, W. SCOTT, M.A., M.B.Cantab., L.R.C.P., M.R.C.S., L.S.A., has been reappointed Clinical Assistant in the Special Department for Diseases of the Throat to St. Thomas's Hospital.

TONKING, J. H. L.R.C.P., M.R.C.S., has been reappointed House-Surgeon to St. Thomas's Hospital.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

ASHTON-UNDER-LYNE DISTRICT INFIRMARY.—House-Surgeon. Salary £80 per annum, with board and residence.

BROMPTON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Resident Clinical Assistants.

HULL ROYAL INFIRMARY.—Honorary Dental Surgeon.

KILBURN, MAIDA-VALE, AND ST. JOHN'S-WOOD GENERAL DISPENSARY. Honorary Medical Officer.

KING'S COLLEGE, London.—Professor of Dental Surgery and Surgeon-Dentist to the hospital.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich-road, S.E. Junior Resident Medical Officer. Salary £30 per annum, with furnished apartments, board, attendance, and washing.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen-square, Bloomsbury, W.C.—Assistant Physician.

NEWPORT (MON.) ODDFELLOWS' MEDICAL AID ASSOCIATION.—Medical Officer. Salary £140.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney-road, E.—Junior House-Surgeon. Salary £30 for six months.

PONTEFRACT DISPENSARY.—House-Surgeon. Salary £130 per annum, with furnished rooms, coal, gas and attendance.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone-road, N.W.—Resident Medical Officer. Salary at the rate of £80 per annum, with board and lodging in the hospital.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William-street, West Strand, W.C.—House-Surgeon.

ST. GEORGE, HANOVER-SQUARE, PROVIDENT DISPENSARY.—Resident Medical Officer. Salary £100 a year, with furnished rooms and an allowance of £52 a year for servants' coals, and gas; also a percentage on members' payments, estimated to be £28 per annum.

ST. GEORGE'S HOSPITAL, Hyde-park Corner, W.—Assistant Physician.—Assistant Surgeon.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Junior Assistant House-Surgeon. Salary £50, with board, lodging, and washing.

SOUTHPORT INFIRMARY AND LOCAL DISPENSARY.—House-Surgeon. Salary £100 per annum, with board, furnished rooms, and attendance.

Births, Marriages, and Deaths.

BIRTHS.

CORRY.—On the 27th ult., at Drumquin, co. Tyrone, the wife of William Corry, M.D., J.P., of a son.

DAUNT.—On the 25th ult., at Pierpoint, Lindfield, the wife of Elliot Daunt, M.R.C.S., L.R.C.P.Lond., of a daughter.

DE MÉRIC.—On the 26th ult., at Lyndhurst-terrace, Weymouth, the wife of Fleet-Surgeon E. V. De Méric, Royal Navy (retired), of a son.

MARRIAGES.

COLE—RAWLINGS.—On the 24th ult., at Christ Church, Surbiton, William Robert Newton Cole, M.D., to Ellen, eldest daughter of the late Rev. Jas. Rawlings, M.A., Rector of St. Pinnock, Cornwall.

MACVICAR—ROBERTSON-MACDONALD.—On the 7th ult., at the Parish Church, Northam, S. D. MacVicar, L.R.C.P.Ed., L.R.C.S.Ed., to Ada J., widow of the late W. D. Robertson-MacDonald, of Kinlochmoidart, and daughter of the late Thomas Littledale, of Highfield.

SUTTON—DUNSFORD.—On the 28th ult., at the Parish Church, St. Helier's, Jersey, Alexander Arthur Sutton, L.R.C.P. Ed., L.F.P.S. Glas., Army Medical Staff, to Annie Aubert, eldest surviving daughter of the late Gen. H. F. Dunsford, C.B., Bengal Staff Corps.

DEATHS.

DE CASTRO.—On the 23rd ult., at The Engadine, Torquay, Devon, James Cato De Castro, M.D., F.R.C.S., aged 63.

JEPSON.—On the 23rd ult., at Hampton, Henry Jepson, F.R.C.S., in his 91st year.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, December 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. J. Bland Sutton: Some cases of Abnormal Fissures about the Mouth.—Mr. Storer Bennett: An Extraordinary Example of Tooth Development.—Mr. Penfold: An Antiseptic, the Fluosilicate of Sodium.—Dr. Elliott: Some New Instruments.—Mr. Dennant: An Intercepting Bag in Nitrous Oxide Gas Administration.—Mr. E. Lloyd Williams: Pathology of Alveolar Abscess.

SOCIETY OF ARTS.—8 P.M. Mr. H. H. Statham: The Elements of Architectural Design. (Cantor Lecture.)

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Thorowgood: Cardiac Failure.—Dr. Stephen Mackenzie: Chyluria (with exhibition of a case). At 8 o'clock Dr. Mackenzie will give a demonstration of (1) Living Filariæ Sanguinis Hominis; (2) Some of the Developmental Changes in the Mosquito; (3) A Nematode Worm mistaken for Filaria Sanguinis Hominis.

Tuesday, December 6.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Specimens: Dr. Bedford Fenwick: Fatty Degeneration of Heart from Intra-abdominal Pressure.—Mr. Hutchinson: Arsenic Cancer.—Mr. Treves: Stricture of Intestine following Tubercular Ulcer.—Mr. W. Sibley: Tuberculosis in Birds.—Dr. F. C. Turner: Syringo-myelia.—Dr. Norman Moore: Carcinoma of Common Gall-duct.—Mr. Bull: Rare Form of Fracture of Lower End of Femur.—Dr. Ormerod: Partial Perforation of Skull-cap in Cerebral Tumour. Card Specimens by Messrs. Makins, Bull, Eve, and Dr. Hebb.

Wednesday, December 7.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-ST.—Operations, 9 A.M.; Saturday, same hour.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Sir. J. Lister: The Present Position of the Antiseptic Question (Bradshawe Lecture).

OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. Malins, Mr. Bluett, and others. Dr. Herman: (1) A case of Eclampsia of Pregnancy, with Observations on the State of the Renal Function; (2) A case of Bright's Disease during Pregnancy.—Dr. Lewers: Note on the Post-mortem Appearances of a Phlegmon of the Broad Ligament.

SOCIETY OF ARTS.—8 P.M. Mr. P. L. Simmonds: The Chemistry, Commerce, and Uses of Eggs of Various Kinds.

Thursday, December 8.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Living and Card Specimens at 8 P.M. Mr. T. H. Bickerton (Liverpool): Two cases of Fragments of Glass in the Anterior Chamber.—Mr. Marcus Gunn: Peculiar Foveal Reflex in connexion with Amblyopia in Myopia.—Mr. Quarry Silcock: Case of Large Exostosis of Orbit (and other cases).—Mr. Emrys Jones (Manchester): (1) An Unusual Complication after Subconjunctival Tenotomy of the Internal Rectus; (2) Persistent Hæmorrhage in the Anterior Chamber after Iridectomy for Chronic Glaucoma.—Mr. J. B. Lawford: On Congenital Defect of External Ocular Muscles.

Friday, December 9.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Mr. Percy Dunn:

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Barlow: Cases of Acute Enlargement of the Thyroid Gland.—Dr. Coupland: Hydatid Cysts of Left Lobe of Liver.—Mr. Owen: Hydatid Cyst on Convex Surface of Liver encroaching on Thorax.—Mr. Treves: Peculiar Mode of Rupture of a Hydatid Cyst, with case. Living Specimens by Mr. H. W. Allingham and Dr. Herringham.

Saturday, December 10.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, December 1st, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 25	29·73	W.	39	38	...	49	35	...	Overcast
,, 26	29·80	W.	49	46	58	52	38	...	Overcast
,, 27	29·75	S.W.	50	49	61	53	48	·04	Cloudy
,, 28	29·99	W.	46	44	65	53	41	...	Cloudy
,, 29	29·65	N.E.	42	41	...	45	40	·39	Raining
,, 30	29·84	W.	36	35	...	44	35	·04	Foggy
Dec. 1	30·22	W.	43	42	...	48	36	...	

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

A RELIC OF THE DARK AGES.

THE following letter was recently received by the house-physicians at one of the largest London hospitals:—

"Sirs Having seen by Newspaper that a great many People are suffering from fever & i am under the impression that a very safe remedy in cureing of the above Typhoid fever is in the undermentioned Remedy take 2 Sheeps Milts New split open well Pepper & salt them tye them to soles of feet of Patient salt Part Nearst feet keep them up for the space of 4 Hours & i am sure it will cure fever of any kind for haveing tried the same I can speak with confidence has every case i have tried it has cured the same."

Then follow the name and address of the writer of the letter, which have every appearance of being genuine. The mixture of kindly thought and lamentable ignorance displayed in this the nineteenth century is pathetic.

E. H.—Our correspondent has omitted to state the proportion of the 1100 boys still presumably susceptible to scarlet fever from the fact that they have not previously suffered from this disease; and, further, he has not stated the circumstances under which the boys would be placed if they were dispersed—i.e., the possibility of their isolation in the event of attack. No one would profess to advise without a full knowledge of all the circumstances.

M.D. would do well to put the question to the College of Physicians, whose title is illegally used.

Dr. B. Walker.—We are not aware that the paper has been published in full.

COCAINE IN GONORRHŒA.

To the Editors of THE LANCET.

SIRS,—Among the reports which every now and again appear in your journal of the use of cocaine for the prevention or relief of pain in various operative procedures and diseases, I have seen no reference to its use in the symptomatic treatment of the above.

The painful micturition attending the acute inflammatory stage of gonorrhœa is a sufficiently distressing symptom in many cases to warrant us in seeking to give more relief than can be afforded by the ordinary recognised method of treatment. I have found that a solution of half a grain of cocaine in two teaspoonfuls of distilled water, injected into the urethra and retained there for three minutes, just before micturition, gives complete immunity from pain; and that this effect may even be maintained for several hours, serving to render subsequent micturitions, if not altogether painless, at least more bearable, without repeating the injection.—I am, Sirs, your obedient servant,

B. ATHERDEN THOMPSON, M.R.C.S.Eng.

Kirkham, Lancs., Nov. 30th, 1887.

SHORTHAND.

Mr. H. W. Jackson (Lewisham) writes to take exception to statements made by Dr. Gowers and other of our correspondents with respect to the time necessary to be devoted to the acquirement of facility in the accomplishment of writing shorthand. Mr. Jackson says that no one, however dexterous, can obtain proficiency in the art by devoting one hour a day for three months to the task, and would advise students to dismiss from their minds all idea of the possibility of such an achievement. We must leave the decision of the question with those who have had practical experience in the matter.

D. G. Fritsche (Warsaw).—A work of the kind mentioned is published by Messrs. Longmans, Paternoster-row, London, entitled "Charities Register and Digest."

Æ.—If no special arrangement has been made, 3s. 6d. would probably be considered a fair fee for catheterism of a constable by a police surgeon in the country.

Dr. W. H. Day.—Probably next week.

DIPHTHERIA IN SHIRLEY.

To the Editors of THE LANCET.

SIRS,—As an old subscriber to THE LANCET I beg to give a direct denial to the paragraph in your issue of Nov. 26th, *re* diphtheria in Shirley, "that the offensiveness of the exhalations from the sewers has been recently explained by the fact of boiling water being emptied into the culverts from a brewery." There is only one brewery at Shirley, the one from which I write, and here it is an unknown thing to empty boiling water into the sewers. As a matter of fact, in contra-distinction to recent explanation, when the brewery stops for repairs or the necessary biannual overhauling, and no water is used, the effluvium from the manholes is much more offensive than when the brewery is at work. There is an old adage "A bad excuse is better than none"; yet it can hardly be called the etiquette of manly warfare to score a point in the absence of the adversary; neither is it courteous or right to do so at the expense of any vested interests, let them be whatever they may. It may interest your readers to know I have aspirated air from these sewers on several occasions when the stench has been most offensive (the time when *vox populi* declaims it is pestilential—a common error, we know) and under normal conditions. The aspirations have been sown in sterilised nutrient gelatine and agar-agar media, after Klein, and in no instance when examined with 1-25 oil immersion lens (N.A. 1-25) and a fourth eye-piece has anything but bacillus butyricus, vibrio rugula, spirillum undula, and bacterium urea revealed itself. Neither micrococcus scarlatinæ nor micrococcus diphtheriticus was ever to be found, even after successive cultivations, which are still in existence. In conclusion, I would suggest that if those who make so much cry would look nearer home, it might prove effectual and eminently satisfactory.

I remain, Sirs, yours faithfully,

CHAS. H. JOLLIFFE.

The Laboratory, Shirley Brewery, Croydon, Nov. 30th, 1887.

Tapanui.—We presume Bergeon's treatment is referred to, for information on which Dr. Burney Yeo's paper (published in THE LANCET of April 16th last) may be consulted.

THE RANK OF ARMY MEDICAL OFFICERS.

To the Editors of THE LANCET.

SIRS,—I forward a post-card addressed to me, and bearing an anonymous communication, the style of which so forcibly and eloquently confirms the expression of my opinion, to which the author takes exception, that comment is needless. Although vulgar, imbecile, and venomous, it has its value, an obvious value; and for this reason I will ask you to return it to me as I send it to you—viz., in a registered letter. The publication of the author's views, which he sought to obtain by using a post-card, will be greatly increased by my remaining the possessor of it; but it will, unfortunately for him, suit my purpose, not his.

I am, Sirs, yours faithfully,

Ferozepore, Nov. 3rd, 1887. J. P. H. BOILEAU, Surgeon-Major, M.S.

Copy of post-card addressed to Surgeon-Major Boileau, Punjaub, India, having London post-mark, Aug. 6th, 1887; Ferozepore, Aug. 25th, 1887; Kashmir, Aug. 31st, 1887.

"In your letter to THE LANCET, referring to the just demands now made by the majority of officers of the medical staff, both at home and abroad, you state that their desire must be of low origin. This I must contradict, as the desire of those who ask for honorary rank is to put the medical staff of the army on its proper footing, and to elevate it. On the contrary, your sordid, mean letter is written for the vile purpose of bringing your name before the authorities, with a view to your own benefit. If this had not been the case, you would have sent your letter to THE LANCET with your card enclosed. Your anonymous correspondent has no wish to stifle discussion, but is disgusted with the way you try to push your own interests in the army. I would remind you that advertising is strictly against the rules of the honourable profession of medicine. It would also look better in future communications from your base mind if you would try to be a little original, and not to use such hackneyed phrases in your flourish of trumpets as 'now once and for ever.'"

Dr. Robert Bell (Glasgow).—We postpone the publication of our correspondent's letter, on the conjecture that the reply referred to may have been delayed in the post.

W. B. F.—The M.D. degree.

CYCLING.

A CORRESPONDENT asks for information on the value of moderate tricycling as a hygienic and as a remedial measure. He would like to know the experience of medical practitioners as to the effect of the exercise in (1) chronic rheumatism and gout, (2) melancholia, (3) insomnia, (4) varicose veins, (5) thoracic disease, and (6) cyclic albuminuria.

Mr. George A. Holroyd.—Several of the metropolitan hospitals have private wards for paying patients.

Mr. E. Swan Marder.—Morehead's work, "Clinical Researches on the Diseases of India."

DAMP CELLAR.

To the Editors of THE LANCET.

SIRS,—Being at a loss to know how to combat the injurious influences arising from a damp cellar in my house, I should esteem it a great favour if any of the readers of your valuable journal would kindly throw out any hints as to how I could overcome the difficulty. It appears that the house has been built over a natural spring, and that it has been found impossible entirely to divert all the water, part of which now trickles in a slight stream over a corner of the cellar into a grating, which is securely trapped. The cellar is damp, but otherwise the other flats of the house are to all appearance dry. One difficulty I see is how to protect the house generally from the underlying damp atmosphere; the other is as to how the cellar itself could be further improved.

I am, Sirs, yours very truly,

Nov. 22nd, 1887. M.D.

"A QUESTION OF OFFICIAL ETIQUETTE."

To the Editors of THE LANCET.

SIRS,—In reply to Dr. Thompson's letter in your issue of Nov. 26th, I beg to state that the words "under the care of Mr. Mortimer, asst. med. officer," were not in the original MS., but are due to an editorial alteration. Mr. Mortimer had no wish to imply that the case was under his care. All he did was to send to you, with my approval, a report compiled from the usual case-book notes.

I am, Sirs, yours faithfully,

W. C. BLAND,
Medical Superintendent.

The Borough of Portsmouth Lunatic Asylum, Nov. 27th, 1887.

*** We regret that by inadvertence the case was represented in our report as having been "under the care of" Mr. Mortimer.—ED. L.

"INQUEST EXTRAORDINARY."

To the Editors of THE LANCET.

SIRS,—Referring to an annotation in THE LANCET of last week under the above heading, wherein you note your surprise at the statement of the coroner, "that the medical men were unable to discover the aperture of entry of the bullet fired into Mr. Gold's body by the murderer Lefroy," I beg to say that I made the post-mortem examination on Mr. Gold's body, and that not only did I find the aperture of entry of the bullet and trace its passage to where it lay on the vertebra, but I cut out the spine blackened with powder around the hole, and produced it at the trial. I am, Sirs, yours obediently,

Nov. 29th, 1887. THOS. BOND, F.R.C.S.

A CORRECTION.

To the Editors of THE LANCET.

SIRS,—In your report of the last meeting of the West London Medico-Chirurgical Society, in your issue of to-day, I am represented as having related a case of poisoning by aconite which had been administered by a homœopath. This is a mistake, as I was not the gentleman who mentioned the case. I remain, Sirs, yours faithfully,

F. ASHTON WARNER.

Brechin-place, South Kensington, Nov. 28th, 1887.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Dyce Duckworth, London; Dr. G. Johnson, London; Mr. G. P. Atkinson, Pontefract; Mr. Nicholls, Hartest; Mr. Eve, London; Dr. Norman Kerr, London; Mr. T. Bond, London; Mr. A. Laidlaw; Mr. Marcus Gunn, London; Mr. R. Cusse, Bournemouth; Mr. Nethersole, Farnborough; Mr. Waller, Rugby; Mr. R. A. Thompson, Kirkham; Mr. T. Smith, London; Mr. Rees; Mr. A. H. Jacob, Dublin; Mr. Beaumont; Dr. Daly, Hull; Mr. Johnson, London; Mr. Pink, London; Mr. W. Tallack, London; Mr. J. W. Colville, Melbourne; Messrs. Watkins and Ormond, London; Dr. Abraham, London; Messrs. Bates, Hendy and Co., London; Mr. Hawkins-Ambler, Kirkburton; Messrs. Christy and Co., London; Mr. C. F. West, Streatham; Mr. C. J. Addison, Quetta; Dr. W. H. Day, London; Dr. Jacob, Leeds; Dr. Andrews, Buffalo; Mr. H. F. Bailey, Blackheath; Brigade-Surgeon W. Curran, London; Dr. A. D. Macdonald, Liverpool; Mr. W. C. Bland, Portsmouth; Dr. A. G. Auld, Wick; Mr. F. A. Warner, London; Dr. W. J. Collins, London; Dr. N. B. Sizar, Brooklyn; Mr. W. J. Lancaster, Barnsley; Dr. Jepson, Sydenham; Dr. Gunn, Chicago; Dr. Waller, St. Mawes; Mr. Jesse, Henbury; Mr. Elliot, London; Mr. Townsend, Exeter; Mr. Brockleburst, Leeds; Mr. Bills, Reynoldstone; Mr. Pan, Pontefract; Dr. Royle, Jersey; Dr. McCaw, Ulster; Messrs. Oliver and Boyd, Edinburgh; Mr. H. W. Jackson, Lewisham; Mr. Clement Lucas, London; Surgeon-Major Price, Madras; Dr. Strahan, Berry Wood; Dr. Hargreaves, London; Mr. Birdwood; Messrs. Harris and Co., Birmingham; Mr. C. J. Symonds, London; Mr. Jas. Struthers, Lewisham; Dr. Hardwicke, Dovercourt; Mr. Dunthorne; Dr. C. G. Stein, Warsop; Dr. G. Fedeli, Rome; Mr. Gramshaw; Dr. O'Neill, Lincoln; Dr. Renton, London; Mr. Eschwege, London; Dr. Robert Bell, Glasgow; Mr. Browne, London; Mr. MacNab, Stirling; Mr. Sell, London; Mr. Brerley, Batley; Mr. Bridge, London; Mr. Robinson, Sheffield; Mr. Lancaster, St. Helen's; Mr. Mill, Strand; Mr. Main, Bradford; Mr. Bottomley, Ashton-under-Lyne; Messrs. Biddis and Cooper, Huntingdon; Dr. Richardson, London; Dr. Macdonald, Skye; Mrs. Andrew, Jersey; Mr. Allsop, Saltaire; Mr. R. Swan Marder, Hilsen; Dr. B. Walker, Spondon; Pharmaceutical Chemist; L.K.Q.C.P.; The Director-General of the Medical Department of the Navy; M.D.; G. B. M., Oxford; B., Birmingham; M.R.C.S., Stoke Newington; Medicus; Tapanui; M.D.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Gayley, Tipperary; Mr. Webb, St. Leonards-on-Sea; Dr. J. Titchcombe, New Brunswick; Dr. Jones, Swansea; Mr. Crassweller; Messrs. Burroughs and Co., London; Mr. Browning, Sheffield; Messrs. Macmillan and Co., London; Mr. Dawe, Taunton; Dr. Elliot, Andover; Mr. Hains, Hereford; Mr. Griffiths, Brecon; Mr. Burgess, Bristol; Mr. Cotterel, Bicester; Mr. Coleman, Surbiton; Mrs. Peirce, Guildford; Mr. Todd, Selby; Mr. Thompson, Lerryn; Mr. Chote, Brading; Mr. Hamilton, St. Ives; Mr. Graham, Wigan; Mr. Ripley, Southport; Mr. Whitten, Bow; Mrs. Mockworth, Stafford; Mrs. Mahoney, Preston; Dr. Brown, Auchterarder; Messrs. Thompson & Co., Liverpool; Dipso, Harrogate; Veritas, Leicester; Medicus, Jarrow-on-Tyne; Alpha, Newcastle-on-Tyne; Omicron, London; R. A.; Plasmawr; H. H.; L. M., Hemel Hempstead; Veritas; Medicus; T., Bath; L.R.C.P.; G. N. G., Littleborough; Doctor, Redland; J. F. R., Brixton; M.R.C.S., Birmingham.

Devon Evening Express, Wigan Examiner, Norwood News, The Zoophilist, Times of India, Bristol Mercury, Liverpool Daily Post, &c., have been received.

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